

Hamblen County

COMMUNITY HEALTH NEEDS ASSESSMENT

Morristown-Hamblen Healthcare System
Hamblen County Health Department

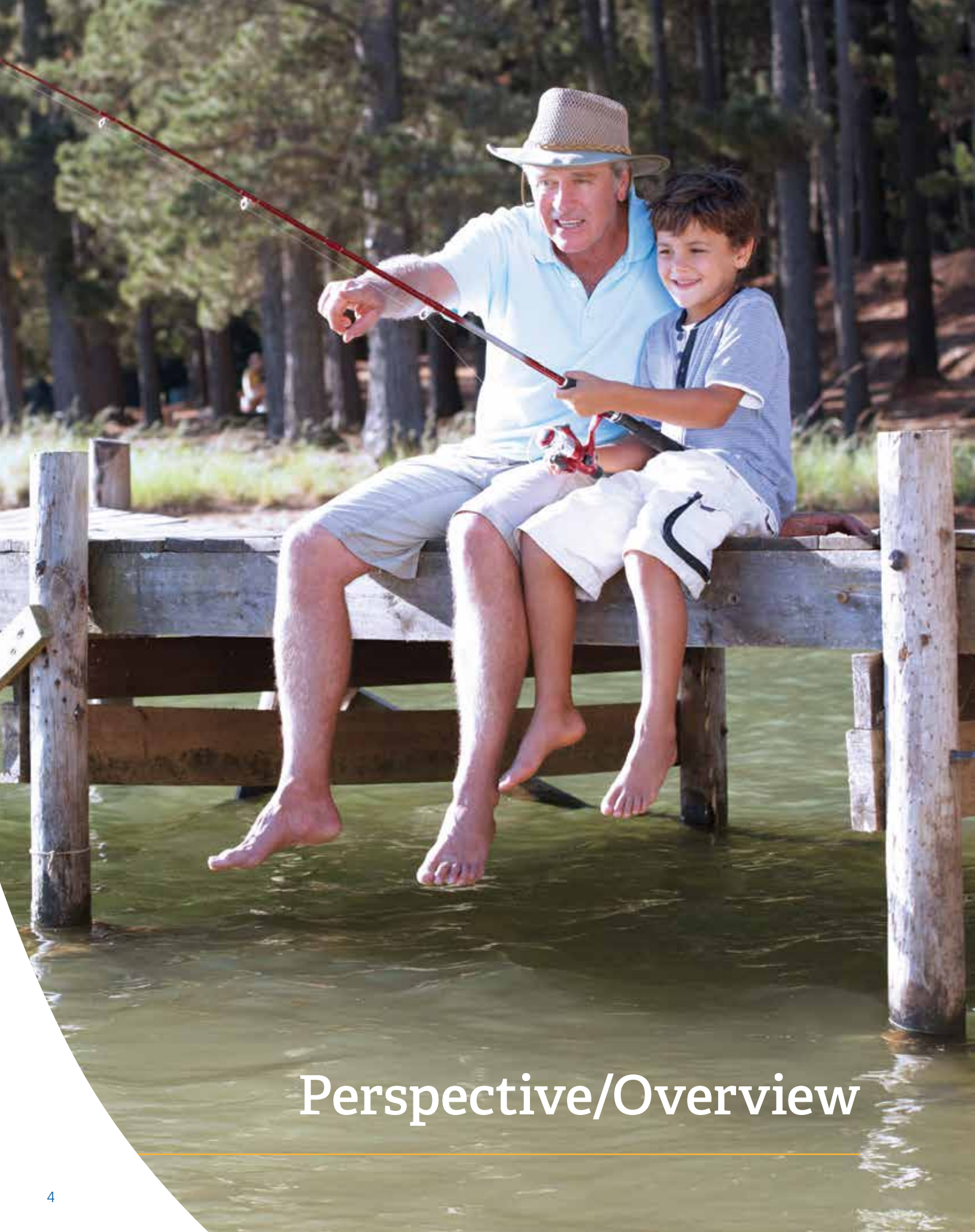
2025

Photo Source: Morristown-Hamblen Healthcare System



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Perspective/Overview

ABOUT MORRISTOWN-HAMBLEN HEALTHCARE SYSTEM

Morristown-Hamblen Healthcare System is building a legacy of care through cutting-edge technology, first-class facilities, and expert medical staff. That's why our hospital has become a cornerstone of healthcare excellence in our area, faithfully serving eight counties across Eastern Tennessee.

A proud member of Covenant Health, our region's top-performing healthcare network, Morristown-Hamblen is committed to supporting every patient with outstanding service and a better quality of life.

At Morristown-Hamblen, we understand that our patients are also our peers, our neighbors, and our friends. That's why we're dedicated to providing top-tier healthcare with a human touch. All our services focus on quality, compassion, and expertise, from emergency care and cancer treatment to diagnostics and heart health. No matter the need, the people we serve find genuine, individualized care at Morristown-Hamblen.

ABOUT HAMBLEN COUNTY HEALTH DEPARTMENT

The mission of the Tennessee Department of Health and the Hamblen County Health Department is to PROTECT, PROMOTE and IMPROVE the health and prosperity of people in Tennessee. The Hamblen County Health Department offers a variety of services to carry out this mission. Health professionals include nurses, nurse practitioner, nutritionists, social worker, health educator, environmentalists, clerical personnel, breastfeeding peer counselors, and Spanish interpreters.

The Hamblen County Health Department provides confidential services to all regardless of age, sex, income, race, disability or marital status. A sliding fee schedule based on income is available for services where there is a charge. Some services are by appointment, while others are available on a walk-in basis. For a complete listing of programs available and requirements, please visit www.hamblencountyttn.gov/hamblen-county-health-department/.

Creating a Culture of Health in the Community



Action Cycle Source: University of Wisconsin and the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and provides an open and transparent process to listen and truly understand the health needs of Anderson County, Tennessee.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding the many aspects of a healthy community.

2025 Community Health Needs Assessment

COLLABORATORS

Morristown-Hamblen Healthcare System, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based in Nashville, Tennessee, provided analysis of community health data, facilitated the focus groups, and analyzed the survey. StrategyHealth also facilitated a community health summit to receive input regarding priorities and to brainstorm goals and actions the community could take to improve health.

Morristown-Hamblen Healthcare System and Hamblen County Health Department were partners in the Community Health Needs Assessment.

MAKING THE CHNA WIDELY AVAILABLE TO THE PUBLIC

Starting on **December 15, 2025**, this report is made widely available to the community via Morristown-Hamblen Healthcare System's website <https://www.covenanthealth.com/morristownhamblen/chna>. Paper copies are available free of charge at Morristown-Hamblen Healthcare System, 908 West 4th North Street, Morristown, TN 37814 or by phone, 423-492-9000.

The document is also available at the Hamblen County Health Department, 331 W. Main St. A, Morristown, TN 37814 or by phone, 423-586-6431.

BOARD APPROVALS

- As delegated by the board, Covenant Health's Executive Leadership Team approved this assessment on **December 10, 2025**.

Hamblen County's population in 2024 was 65,520.

The population of Hamblen County is projected to increase 1.3% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.



Key Findings

MOST SIGNIFICANT COMMUNITY HEALTH NEEDS

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, surveys, and the summit participants’ prioritization exercise, the steering committee selected the following as the most significant health needs in Anderson County for the next three years. There is a complete summary of findings with prioritization criteria later in the document.

1. Mental health, anxiety and depression, and access to mental health resources
2. Substance use
3. Healthy eating/active living to decrease chronic diseases
4. Access to care – e.g., dental resources, language barriers, providers, insurance, loss of federal funding

Community Input and Collaboration

METHODS AND TIMELINE

In February 2025, the partners began a Community Health Needs Assessment for Hamblen County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred January through April 2025.
- A steering committee made up of community stakeholders was formed and met on April 21, 2025, to plan, implement, and finalize the CHNA process. They also met on July 3, 2025, to finalize the list of most significant health priorities.
- A data committee was formed from the steering committee to review the secondary data and focus group results prior to the summit. They met on April 8, 2025.
- Community members and stakeholders participated in focus groups for their perspectives on community health needs and issues on March 31, 2025.
- An online survey of community members was conducted April 22 through June 11, 2025.
- A Community Health Summit was conducted on June 6, 2025, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.

PARTICIPANTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

Twenty-four individuals from 18 community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Hamblen County. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities. In many cases, several representatives from each organization participated.

Participants

Organization	Represented	Participation
ALPS Adult Day Services	Senior adults	Focus Group
Canvas Outdoor Learning Initiative	All	Summit
Covenant Health	All	Focus Group
Guided Path TCS	Cancer patients	Focus Group
Hamblen Co. Substance Abuse Coalition	Those with substance use disorder	Focus Group
Hamblen County Health Department	All	Focus Group, Summit
Hamblen County Substance Abuse Coalition	Those with substance use issues	Summit
Hola Lakeway	Low-income multicultural families	Summit
Land Basket Farm	All	Summit
McNabb Center	Mental health	Focus Group
Morristown-Hamblen EMS	All, 60% Medicare	Focus Group
Morristown Parks	All	Summit
Morristown Police Department	All	Summit
Morristown-Hamblen Healthcare System	All	Focus Group, Summit
Senior Center/Office on Aging	Senior adults	Focus Group
Smoky Mountain Home Health & Hospice	All, seniors	Focus Group, Summit
TN Commission on Children and Youth	Children and youth	Summit
TN Voices	Mental health, children	Focus Group, Summit

Input From Medically Underserved, Low-Income, and Minority Populations

Input from medically underserved, low-income, and minority populations was received though the focus groups, community survey, and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups and summit. The survey represented various facets of the community.

Input From Those With Expertise in Public Health

The Hamblen County Health Department Health Educator, Myra Miller, was a key participant serving on the steering committee and the data committee, and attending the focus group and the summit. The Health Department was involved in creating the community needs list and prioritizing the most significant community needs.

Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

Morristown-Hamblen Healthcare System did not receive any written comments about the 2022 CHNA or implementation strategy.

Process and Methods Used

COMMUNITY SELECTED FOR ASSESSMENT

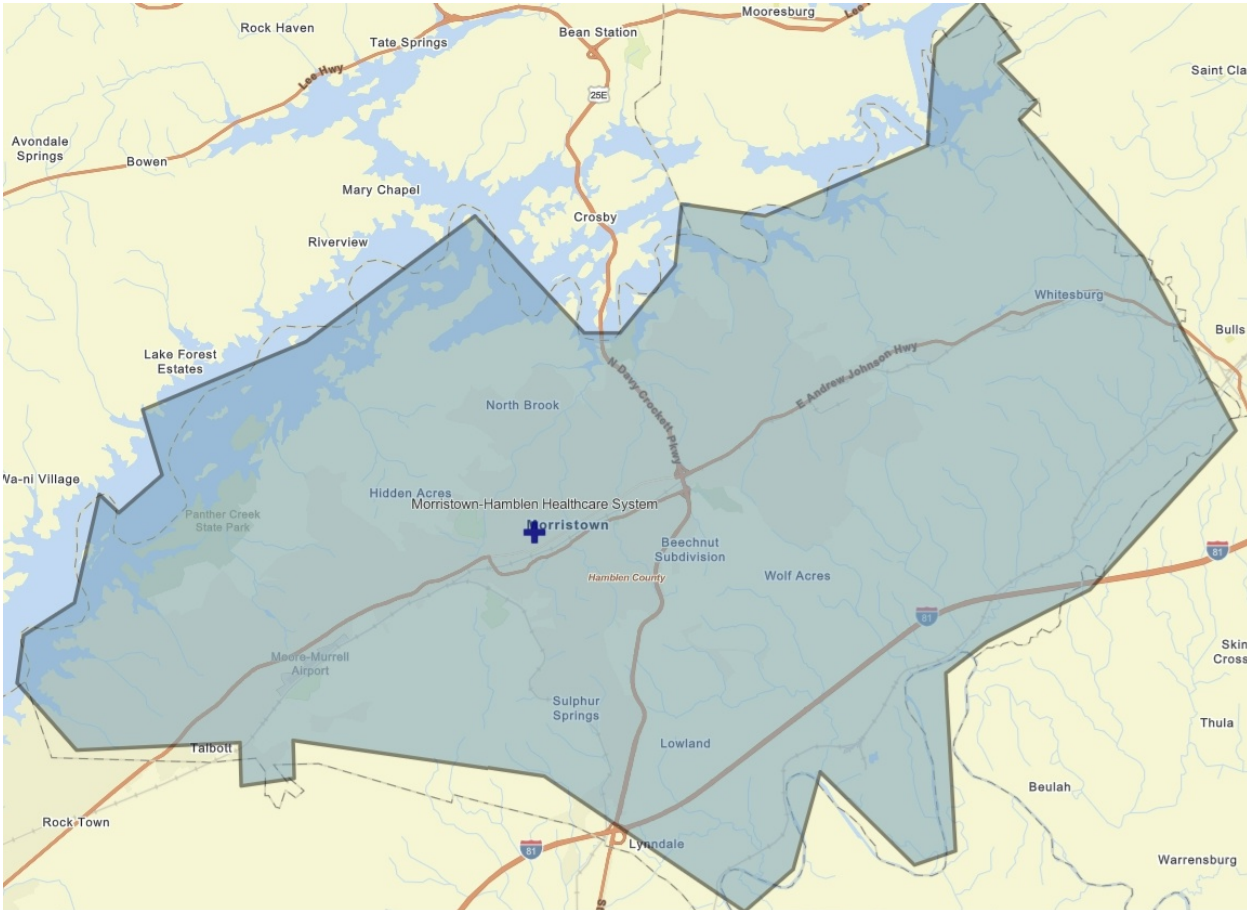
Hamblen County was the primary focus of the CHNA based on the service area of Morristown-Hamblen Healthcare System. As the study area, Hamblen County provided 49% of inpatient discharges from January 1, 2024, through December 31, 2024. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Morristown-Hamblen Healthcare System draws patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Morristown-Hamblen Healthcare System’s Financial Assistance Policy.



The rate of poverty in Hamblen County was 17.3%, which was higher than TN (13.5%) and the U.S. (11.5%). The percent of asset-limited, income-constrained, and employed (ALICE) households in Hamblen County was 33%, which was higher than TN at 30% and the U.S. at 29%.

CHNA STUDY AREA – 2025



DATA AND OTHER INFORMATION USED IN THE ASSESSMENT

Primary methods included:

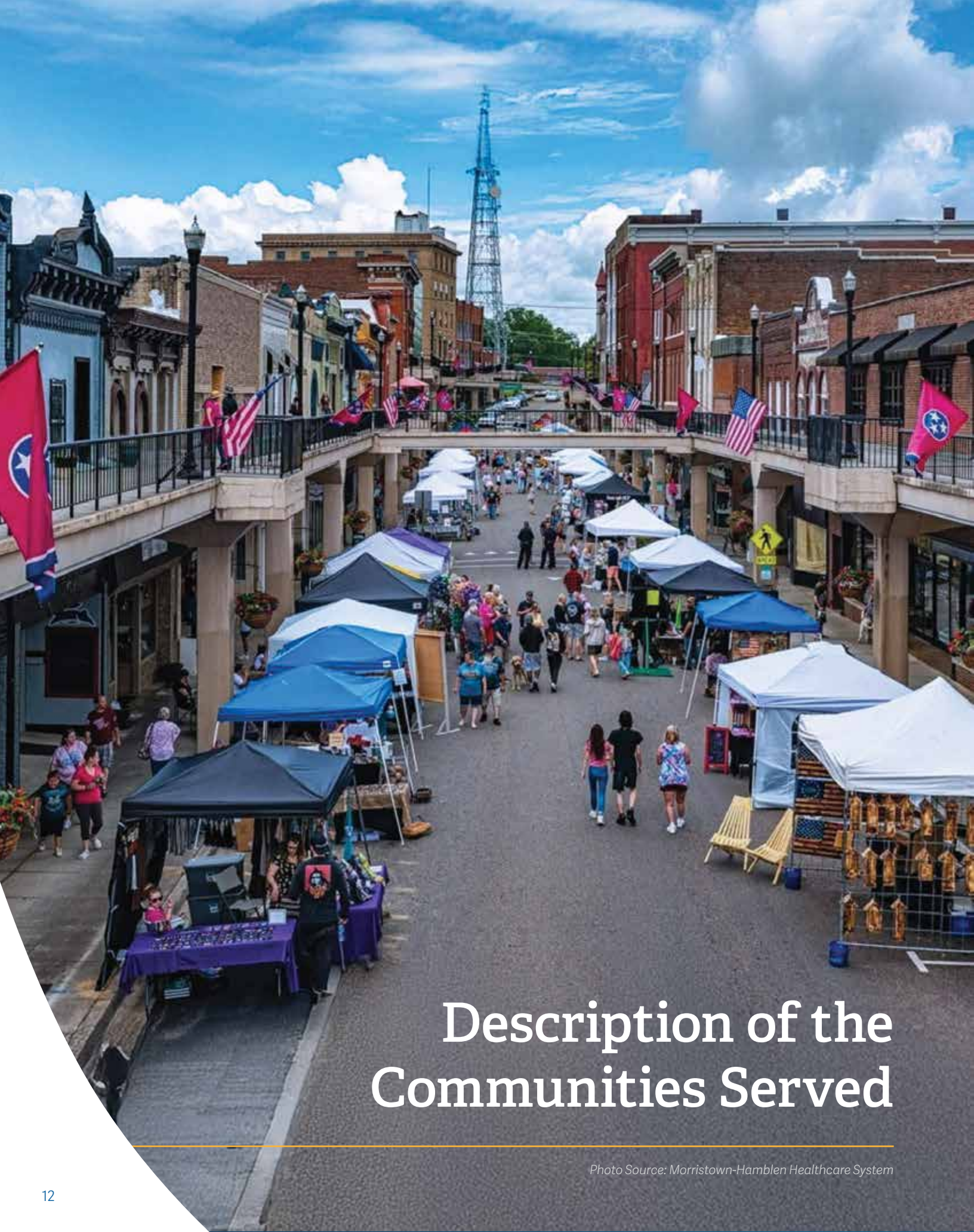
- Focus groups with community members and stakeholders
- Online community survey
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, county health rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community’s health needs



Description of the Communities Served

Photo Source: Morristown-Hamblen Healthcare System

Demographic Indicators

The following tables and graphs summarize the demographics of Hamblen County compared to Tennessee and the U.S.

	Hamblen County	TN	USA
Population 2020, % change 20-24	64,500, 1.6%	6,910,840, 4.2%	331,499,281, 2.1%
Population 2024	65,520	7,204,409	338,440,954
Population 2029	66,354	7,465,737	344,873,411
% Population Change 2024-2029	1.3%	3.6%	1.9%
Percent of Population Under 18	22.5%	21.3%	21.0%
Percent of Population 18-64	58.0%	60.4%	60.8%
Percent of Population 65+	19.6%	18.3%	18.1%
Racial and Ethnic Make-up			
Non-Hispanic White	75.2%	70.0%	56.3%
Non-Hispanic Black	3.2%	15.5%	12.1%
Non-Hispanic Asian	1.2%	2.1%	6.3%
Native American/Alaska Native	0.2%	0.2%	0.7%
Pacific Islander	0.6%	0.1%	0.2%
Two or More Races	4.0%	4.1%	4.3%
Other Race	0.2%	0.3%	0.5%
Hispanic Origin	15.3%	7.6%	19.6%

Source: Esri.

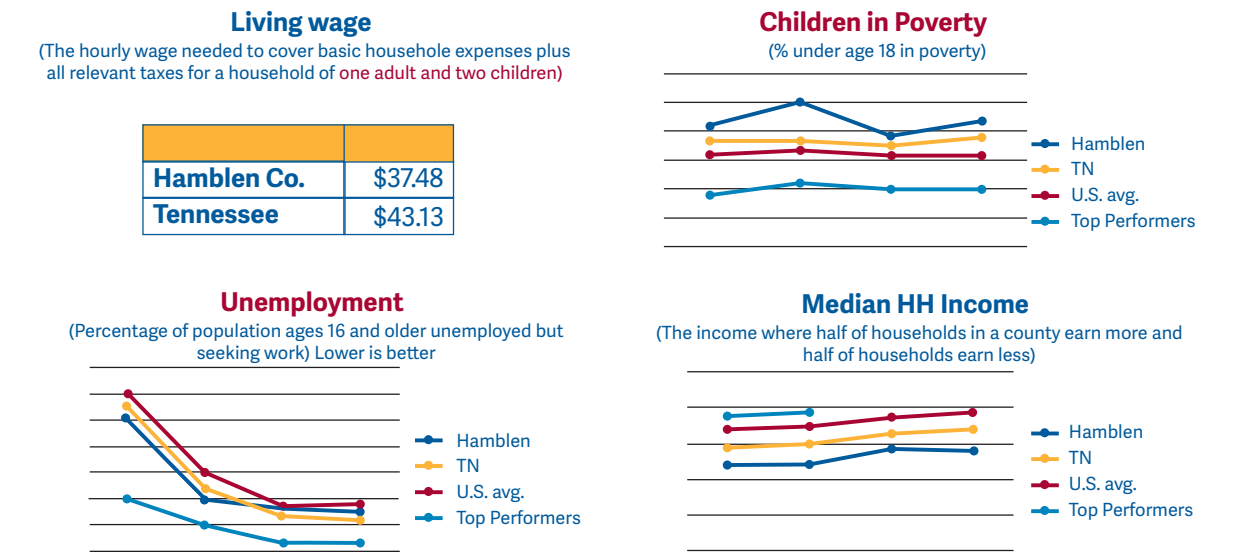
Socioeconomic Indicators

	Hamblen County	TN	USA
Median Age 2024	41.0	40.3	39.1
Median Household Income	\$55,878	\$64,035	\$75,149
Percentage With Incomes Below the Federal Poverty Guideline	17.3%	13.5%	11.5%
Percent of Asset-Limited, Income-Constrained Employed (ALICE) Households	33%	30%	29%
Percentage Speaking a Language Other Than English	13.0%	7.8%	21.7%
Percentage of Income for Mortgage	25.5%	25.2%	25.6%
Population Receiving SNAP Benefits 2022	10.7%	10.0%	12.5%
Percent Unemployed - 2024	5.4%	4.0%	4.2%
Percent Uninsured	13.3%	12%	10%
Percent W a Disability <age 65	13.6%	10.9%	8.9%
Percent Rural	35.0%	33.8%	20.0%

Source: Esri, Census Bureau, United Way. The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

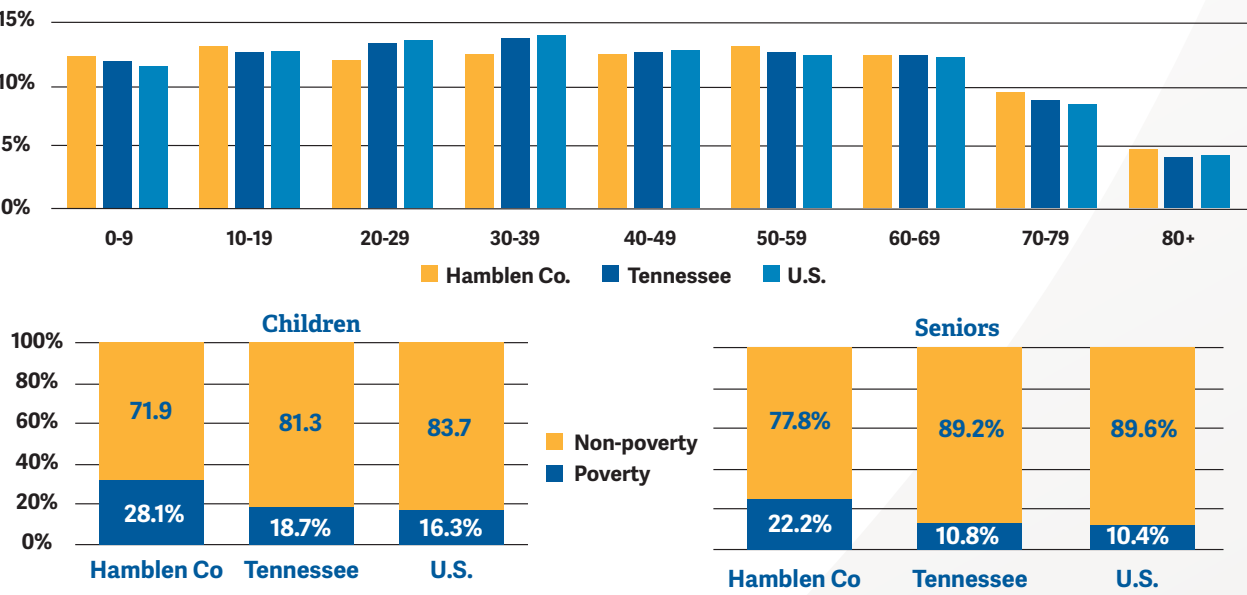
- Hamblen County’s population in 2024 was 65,520.
- The population of Hamblen County is projected to increase 1.3% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.
- Hamblen County had a higher median age (41) than TN (40.3) and the U.S. (39.1). In Hamblen County, the percentage of the population 65 and older was 19.6%, higher than the TN and U.S. 65+ populations, which are 18.3% and 18.1% respectively.
- Hamblen County median household income at \$55,878 was lower than TN (\$64,035) and the U.S. (\$75,149).
- The rate of poverty in Hamblen County was 17.3%, which was higher than TN (13.5%) and the U.S. (11.5%). The percent of asset-limited, income-constrained, and employed (ALICE) households in Hamblen County was 33%, which was higher than TN at 30% and the U.S. at 29%.
- The household income distribution of Hamblen County was 29.3% higher income (over \$100,000), 39% middle income, and 32% lower income (under \$35,000).

- The racial and ethnic make-up of Hamblen County was 75% Non-Hispanic White, 3% Non-Hispanic Black, 15% Hispanic origin, 4% more than one race, and 2.2% other.
- Hamblen County’s 2024 unemployment was 5.4% compared to 3.5% for Tennessee and 3.5% for the U.S.
- 11% of Hamblen County received SNAP benefits compared to 10% of Tennessee in 2022.



Source: Living wage – Living Wage Institute, Inc. 2025. Source: Children in poverty and median household income - Small Area Income and Poverty Estimates; American Community Survey, five-year estimates, 2023 & 2019-2023
Source: Unemployment – Bureau of Labor Statistics, 2023

POPULATION BY AGE RANGE 2024



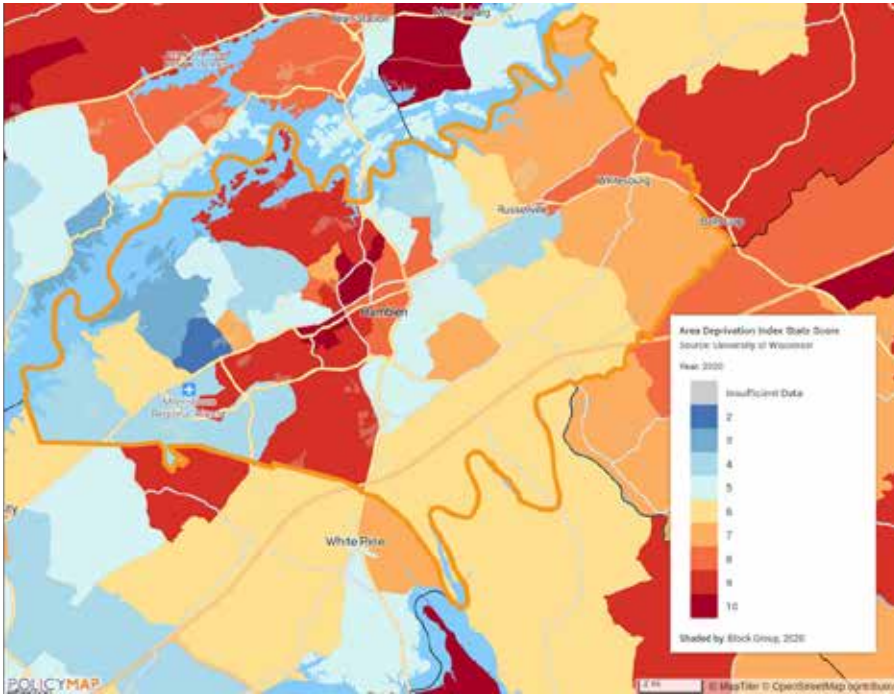
Source: Esri, American Community Survey, 2023 5-year estimates

AREA DEPRIVATION INDEX (BY BLOCK GROUP)

The area deprivation index is based on socioeconomic disadvantage in the areas of income, education, employment, and housing quality. The block groups in the red are the most disadvantaged and would be a priority location for health improvement activities.

Ranks Census block groups based on socioeconomic disadvantage in the areas of

- Income
- Education
- Employment
- Housing quality



Source: PolicyMap University of Wisconsin, 2020

BUSINESS PROFILE

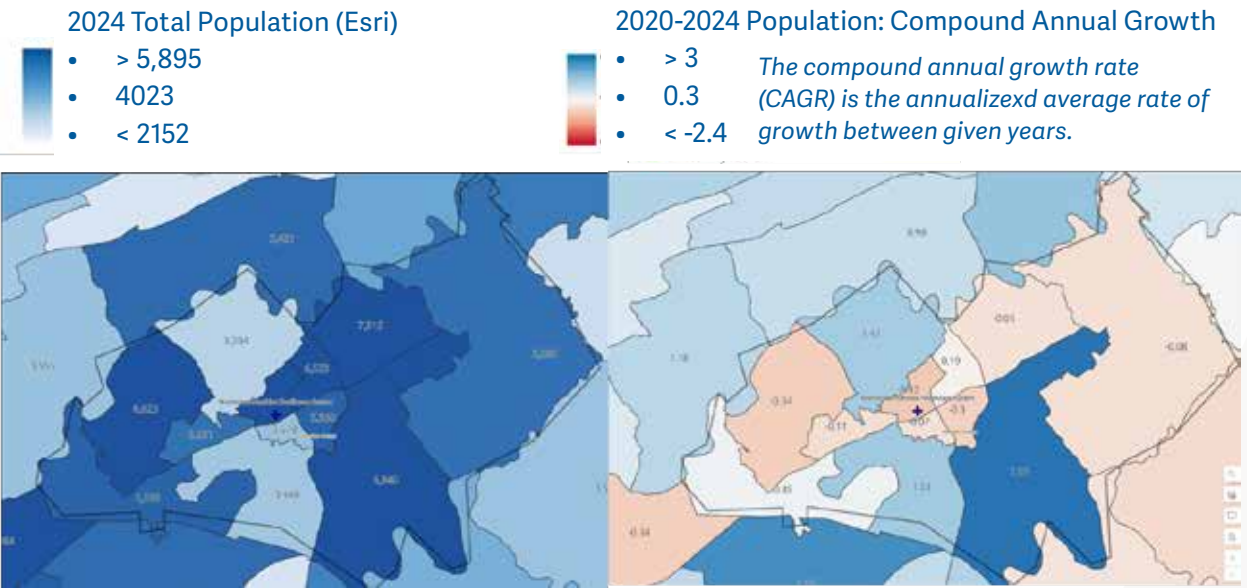
66% percent of employees in Hamblen County were employed in:

- Manufacturing (25.0%)
- Retail trade (13.6%)
- Healthcare and social assistance (10.8%)
- Education (8.3%)
- Construction (8.2%)

Source: ACS, 2023

Retail jobs offer health insurance at a lower rate than healthcare, manufacturing, and educational services.

2024 POPULATION BY CENSUS TRACT AND POPULATION CHANGE (2020-2024)



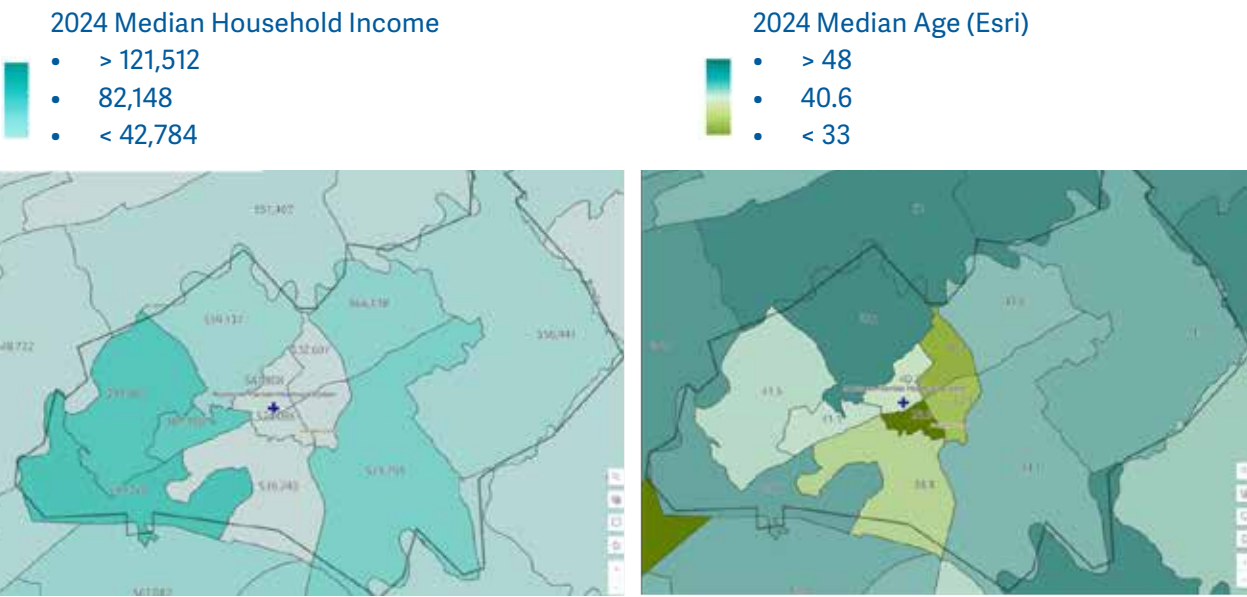
Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher-populated census tracts are smaller geographically, and the less-populated census tracts are larger in geography. This can be seen by looking at the northern tract with a population of 3,204 and the smaller tracts around Morristown that have populations of 5,000 to 6,000.

There were five census tracts that grew, ranging from .19% to 3% per year. There were seven census tracts that declined in population (darker pink on the map).

The household income distribution of Hamblen County was 29.3% higher income (over \$100,000), 39% middle income, and 32% lower income (under \$35,000).

2024 MEDIAN HOUSEHOLD INCOME AND AGE



Source: Esri

The two maps depict median household income and median age by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same and will therefore have differing health needs. The health needs may be very different in the dark green census tracts with lower median ages (28.9 and 36) than the tracts in blue with higher median ages (50 in the north and 46 in the southwest).

Looking at median household income by census tract also gives insight into health status. The lower-income areas may require more focus than the higher-income tracts. The census tracts on the west side of the county with higher median household incomes of \$99,376 and \$93,904 will probably have different needs than the tract south of Morristown earning \$24,086 median household income and the tract north of Morristown with a median income of \$32,607.

Community Survey Summary

Morristown-Hamblen Healthcare System and StrategyHealth conducted an online community survey in Hamblen County. From March 1 - May 19, 2025, 151 online surveys were completed. The survey demographics are in the appendix.

Participants were given a list of 45 potential community health needs or issues to determine if these were “not a problem,” “minor problem,” or a “major problem.” Afterward, for the issues they selected as “major problems,” respondents were to list the three they felt were the most serious in the county.

The table below is ranked by percentages who thought the issue was a “major problem” and includes the percentage who ranked the issue in the three concerns for community health needs.

Issues	Not a Problem	Minor Problem	Major Problem	In Top 3
Substance use disorder - drugs or alcohol	14%	15%	71%	28%
Affordable health insurance	14%	20%	66%	11%
Care for the unhoused population	13%	22%	65%	18%
Youth tobacco use and vaping	10%	26%	64%	9%
Adult tobacco use and vaping	12%	25%	63%	3%
Mental or behavioral health issues	15%	23%	62%	24%
Access to mental health care	19%	21%	60%	31%
Access to safe, affordable housing	15%	26%	59%	22%
Access to affordable childcare	13%	27%	59%	10%
Anxiety	12%	29%	59%	2%
Poverty	11%	30%	58%	8%
Depression	11%	31%	58%	2%
Distracted driving	12%	32%	56%	6%
Access to jobs providing a living wage	16%	30%	55%	18%
Loneliness and or isolation	13%	32%	55%	0%
Affordable healthcare	21%	26%	54%	18%
Modern technology over use such as social media, video games, chat rooms	18%	29%	54%	4%
Aging population/ services for the elderly	14%	34%	52%	2%
Understanding healthcare/health literacy	11%	39%	50%	4%
Physical or cyber bullying	15%	38%	47%	3%
Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc.	21%	36%	44%	7%
Other types of addiction such as gambling, pornography, spending, etc.	20%	36%	44%	2%
Lack of physical activity	19%	39%	43%	1%
Marijuana and or THC use	26%	31%	43%	2%
Reliable, affordable transportation	22%	36%	42%	1%
Dementia or Alzheimer’s disease	17%	42%	42%	4%
Access to healthy food	23%	36%	41%	5%
Access to dental care	32%	28%	40%	18%

Respondents indicating that chronic diseases were a major problem were asked which chronic diseases they were most concerned about. Diabetes and heart disease were the top chronic diseases.

Chronic Disease	Check Box
Diabetes	84%
Heart disease	82%
Cancer	78%
Lung disease	52%
Kidney disease	48%
Asthma or respiratory disease	43%
Liver disease	41%



“My doctor spends time to understand my concerns and gives me options without judgement. . . .”

— Focus Group comment

Respondents were then asked about their satisfaction with current efforts to address the problem. Below is a table showing the least satisfied to the most satisfied. The scale ranges from 1 to 5, with 1 being “very dissatisfied” and 5 being “very satisfied.” The highest ranked issue was access to services for children with disabilities or special needs, which had a mean score of 2.5 (between a 2, “dissatisfied,” and a 3, “neither satisfied nor dissatisfied”). The table includes all issues with more than three responses. The lowest mean score was suicide at 1.14 (“very dissatisfied”).

Top three issues of concern	Mean	N=
Suicide	1.14	7
Adult tobacco use and vaping	1.25	4
Care for the unhoused population	1.32	22
Access to safe, affordable housing	1.32	28
Affordable healthcare	1.36	22
Access to affordable childcare	1.38	13
Understanding healthcare/health literacy	1.40	5
Mental or behavioral health issues	1.40	30
Access to medications	1.40	5
Access to dental care	1.41	20
Access to mental health care	1.49	39
Distracted driving	1.50	8
Access to healthy food	1.50	6
Physical or cyber bullying	1.50	4
Poverty	1.60	10
Dementia or Alzheimer’s disease	1.60	5
Affordable health insurance	1.64	14
Youth tobacco use and vaping	1.64	11
Substance use disorder - drugs or alcohol	1.69	35
Access to specialty care such as cardiology, orthopedics	1.78	9
Access to jobs providing a living wage	2.00	22
Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc.	2.11	9
Modern technology over use such as social media, video games, chat rooms	2.20	5
Access to services for children with disabilities or special needs	2.50	4

Focus Groups Summary

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations, participated in focus groups on March 31, 2025, for their input into the community’s health. Participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

The participants defined health physical, mental and emotional health, and overall well-being. They believe it is relative based on resources.

The most significant health issues for the communities were:

- Access to care and affordable health insurance
- Mental well-being
- Substance use disorder
- Socioeconomics – poverty, financial disparities
- Social drivers of health – homelessness, food insecurity

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Add mental health services
- Add specialists at the hospital – nephrology, surgeons
- Add a detox center that includes youth 18 and under
- Focus on education
- More emphasis on fathers and family responsibilities
- Bring together all not-for-profits to know who they are and what they do
- Publicize resources and resource guide
- Build affordable, quality housing
- Reduce the stigma of addiction
- Build a huge teaching kitchen for cooking and nutrition classes; teach kids about healthy food
- Bigger hospital with more capacity
- Expand Medicaid
- Add a long-term mental health facility
- Higher wage jobs



Health Status Data and Comparisons

Photo Source: Morristown-Hamblen Healthcare System

Health Status Data

The 2025 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin² analyzes community conditions such as health infrastructure, physical environment and social and economic factors. The study looks at how these factors contribute to health outcomes or population health and well-being as measured by length and quality of life. To become the healthiest community in Tennessee and eventually the nation, Anderson County must close several community condition gaps.

County Health Rankings suggested the areas to explore for improvement in Hamblen County were:

- Lower food environment index (access to healthy foods and food insecurity)
- Higher uninsured
- Higher driving alone to work
- Lower completion of some college
- Lower high school completion

The strengths were:

- Higher flu vaccinations
- Higher mammography screenings
- Lower childcare cost burden

When analyzing the health status data, county results were compared to TN, the U.S., and the top 10% of counties in the U.S. (the 90th percentile) (where available). For additional perspective, TN was ranked the 44th healthiest state out of the 50 states. (Source: 2024 America’s Health Rankings; lower number is better)

Tennessee challenges were:

- High prevalence of frequent mental distress
- High prevalence of multiple chronic conditions
- High prevalence of cigarette smoking

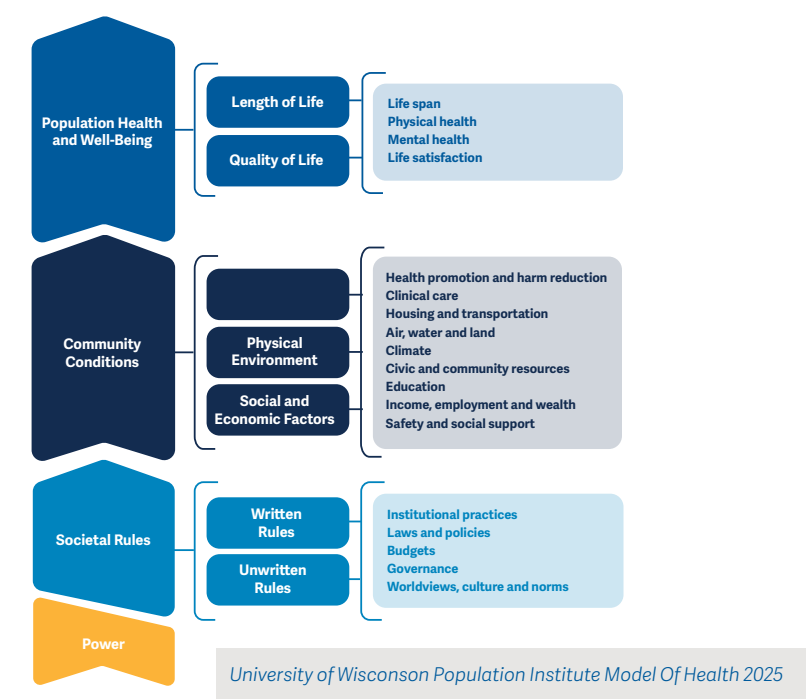
The strengths were:

- Low prevalence of excessive drinking
- Low income inequality
- Low percentage of households experiencing severe housing problems

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Building on the work of America’s Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Tennessee’s counties every year since 2003.

Information from County Health Rankings and America’s Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other analyzed data are referenced below, such as causes of death, demographics, socioeconomics, and primary research. If a measure was better than TN, it was identified as a strength. Where an indicator was worse than TN, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it’s important to continually focus on them.

Although not all the health status data were derived from County Health Rankings, the data are organized using the following model. The model focuses on community conditions such as health infrastructure, physical environment, and social and economic factors, and their contribution to population health and well-being, as measured by length and quality of life.



Rankings and Comparisons of Health Status

The following tables compare Hamblen County to Tennessee and the U.S. for health outcomes and community conditions. The trend column indicates whether the trend is increasing or decreasing. Green indicates improvement, red indicates decline. If the trend cell is empty, there is no change over the last four years. Trended graphs are available in Appendix 4.

HEALTH OUTCOMES (LENGTH OF LIFE AND QUALITY OF LIFE)

Health Outcomes include measures for length of life and quality of life. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive.

Indicators	Trend	County	TN	U.S.	Description
Length of Life					
Premature death	↗	13,647	11,636	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2020-2022
Life expectancy	↘	71.1	73.5	77.1	Average number of years people are expected to live. 2020-2022
Infant mortality		6.2	6.8	6.0	Number of infant deaths (within 1 year) per 1,000 live births. 2016-2022
Child mortality		47.2	65.7	50.0	Number of deaths among residents under age 20 per 100,000 population. 2019-2022
Quality of Life					
Physical Health					
Poor or fair health	↗	22%	19%	17%	Percentage of adults reporting poor or fair health (age-adjusted). 2022
Poor physical health days	↗	5.6	4.7	3.9	Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent physical distress		15%	15%	12%	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2022
Low birth-weight babies		9%	9%	8%	Percentage of live births with low birth weight (< 2,500 grams or 5lbs 8oz). 2017-2023
Diabetes prevalence		12.3%	13%	10%	Percentage of adults ages 20 and older with diagnosed diabetes (age-adjusted). 2022
Adult obesity		39%	38%	34%	Percentage of the adult population (ages 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). 2022
HIV prevalence		137.4	324	387	Number of people ages 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2022
Cancer incidence		462.3	457.3	444.4	Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021
Sexually transmitted infections		364.0	538.1	495.0	Number of newly diagnosed chlamydia cases per 100,000 population. 2022
Mental Health					
Poor mental health days	↗	7.0	6.3	5.1	Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent mental distress	↗	22%	21%	16%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2022
Suicide rate	↘	18.0	16.9	14.0	Number of deaths die by suicide per 100,000 population (age-adjusted). 2018-2022
Feelings of loneliness		37%	34%	33%	Percentage of adults reporting that they always, usually, or sometimes feel lonely. 2022

Community Conditions

Community conditions include the social and economic factors, physical environment, and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (County Health Rankings, 2025)

Indicators	Trend	County	TN	U.S.	Description
Health Infrastructure					
Substance Misuse					
Excessive drinking	↗	17 %	18 %	19 %	Percentage of adults reporting binge or heavy drinking (age-adjusted). 2022
Adult smoking	↘	21 %	19 %	13 %	Percentage of adults who are current smokers (age-adjusted). 2022
Alcohol-impaired driving deaths	↗	23 %	25 %	26 %	Percentage of driving deaths involving alcohol. 2018-2022
Drug overdose deaths	↗	48.8	51	31	Number of drug poisoning deaths per 100,000 population. 2020-2022
Healthy Eating/Active Living					
Physical inactivity		30%	27 %	23 %	Percentage of adults ages 18 and older reporting no leisure-time physical activity (age-adjusted). 2022
Access to exercise opportunities	↗	64 %	68 %	84 %	Percentage of population with adequate access to locations for physical activity. 2024, 2022 & 2020
Food environment index		6.2	6.4	7.4	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2022
Food insecurity		17 %	14 %	14 %	Percentage of population who lack adequate access to food. 2022
Limited access to healthy foods		15%	9 %	6 %	Percentage of population who are low-income and do not live close to a grocery store. 2019
Insufficient sleep		40 %	40 %	37 %	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). 2022

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church, and school. These are three excellent places to reach people to create a culture of health.



Indicators	Trend	County	TN	U.S.	Description
Health Infrastructure					
Access to Care					
Primary care physicians		1742	1440	1330	Ratio of population to primary care physicians. 2021
Dentists		1552	1780	1360	Ratio of population to dentists.2022
Mental health providers		444	500	300	Ratio of population to mental health providers. 2024
Other primary care providers		460	540	710	Ratio of population to primary care providers other than physicians. 2024
Uninsured		13 %	11 %	10 %	Percentage of population under age 65 without health insurance. 2022
Uninsured children		5%	5 %	5 %	Percentage of children under age 19 without health insurance. 2022
Uninsured adults		17 %	13 %	11 %	Percentage of adults under age 65 without health insurance. 2022
Prevention					
Mammography screening		50 %	44 %	44 %	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2022
Flu vaccinations		48 %	49 %	48 %	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2022
Preventable hospital stays		3116	2828	2666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2022
COVID vaccinations		44 %	55 %	70 %	Percentage of fully vaccinated recipients. May 2023
Teen births		32	23	16	Number of births per 1,000 female population ages 15-19. 2017-2023
Physical Environment					
Drinking water violations		No	No	No	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2023
Air pollution particulate matter		7.7	7.0	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2020
Broadband access		88%	87%	90%	Percentage of households with broadband internet connection. 2019-2023
Childcare centers		11.3	9	7	Number of child care centers per 1,000 population under 5 years old. 2010-2022
Long commute, driving alone		40%	36%	37%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2019-2023
Access to parks		29%	26%	51%	Percentage of the population living within a half-mile of a park. 2024 & 2020
Housing					
Severe housing burden		12%	12%	15%	Percentage of households that spend 50% or more of their household income on housing. 2019-2023
Severe housing problems		12%	13%	17%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2017-2021
Home ownership		71%	67%	65%	Percentage of owner-occupied housing units. 2019-2023

Indicators	Trend	County	TN	U.S.	Description
Social & Economic Factors					
Economic Stability					
Median household income		\$55,878	\$64,035	\$75,149	The income where half of households earn more, and half of households earn less. 2024
Unemployment		5.4%	4.0%	4.2%	Percentage of population ages 16 and older unemployed, but seeking work. 2024
Poverty		17.3%	13.5	11.5%	Percentage of population living below the federal poverty line. 2023
ALICE household		33%	30%	29%	Percentage of households that are asset-limited, income-constrained, employed. 2022
Children in poverty		28.1%	19%	16%	Percentage of people under age 18 in poverty. 2023 & 2019-2023
Seniors in poverty		22.2%	12.2%	11.3%	Percentage of people 65 and older in poverty. 2023
Income inequality		4.6	4.6	4.9	Ratio of household income at the 80th percentile to income at the 20th percentile. 2019-2023 (lower is better)
Living wage		\$37.48	\$43.13		The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. 2024
Children cost burden		22%	22%	28%	Number of childcare centers per 1000 pop. under age 5
Educational Attainment					
School funding adeq.		-\$1,613	-\$999	\$1,411	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.
3rd grade math scores		3.1	3.0	3.0	Average grade-level performance for 3rd graders on math standardized tests. 2019
3rd grade reading level		3.1	3.0	3.1	Average grade-level performance for 3rd graders on English Language Arts standardized tests. 2019
High school completion		87%	90%	89%	Percentage of adults ages 25 and older with a high school diploma or equivalent. 2019-2023
Some college		51%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education. 2019-2023
Family & Social Engagement					
Children in single-parent households		31%	27%	25%	Percentage of children who live in a household headed by a single parent. 2019-2023
Social associations		12.0	11.0	9.1	Number of membership associations per 10,000 population. 2022
Lack of social & emotional support		27%	10%	10%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need. 2022
Voter turnout		52.7%	60.1%	67.9%	Percentage of citizen population ages 18 or older who voted in the 2020 U.S. presidential election. 2020 & 2016-2020
Census participation		66.6%		65.2%	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire, or telephone). 2020
Community Safety					
Homicide rate		2.9	9.1	6.0	Number of deaths due to homicide per 100,000 population. 2016-2022
Firearm fatalities		13.0	19.9	13.0	Number of deaths due to firearms per 100,000 population. 2018-2022
Motor vehicle crash deaths		12.8	17.2	12.0	Number of motor vehicle crash deaths per 100,000 population. 2016-2022
Violent crime		558.6	621.4	377.1	Number of violent crimes per 100,000 population. 2022
Injury deaths		103.9	115.5	84.0	Number of deaths due to injury per 100,000 population. 2018-2022

Sources: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org. CDC, FBI Crime Data Explorer, American Community Survey 5-year estimates, ESRI, [MIT Living Wage Calculator](#), NIH, CDC State Cancer Profiles

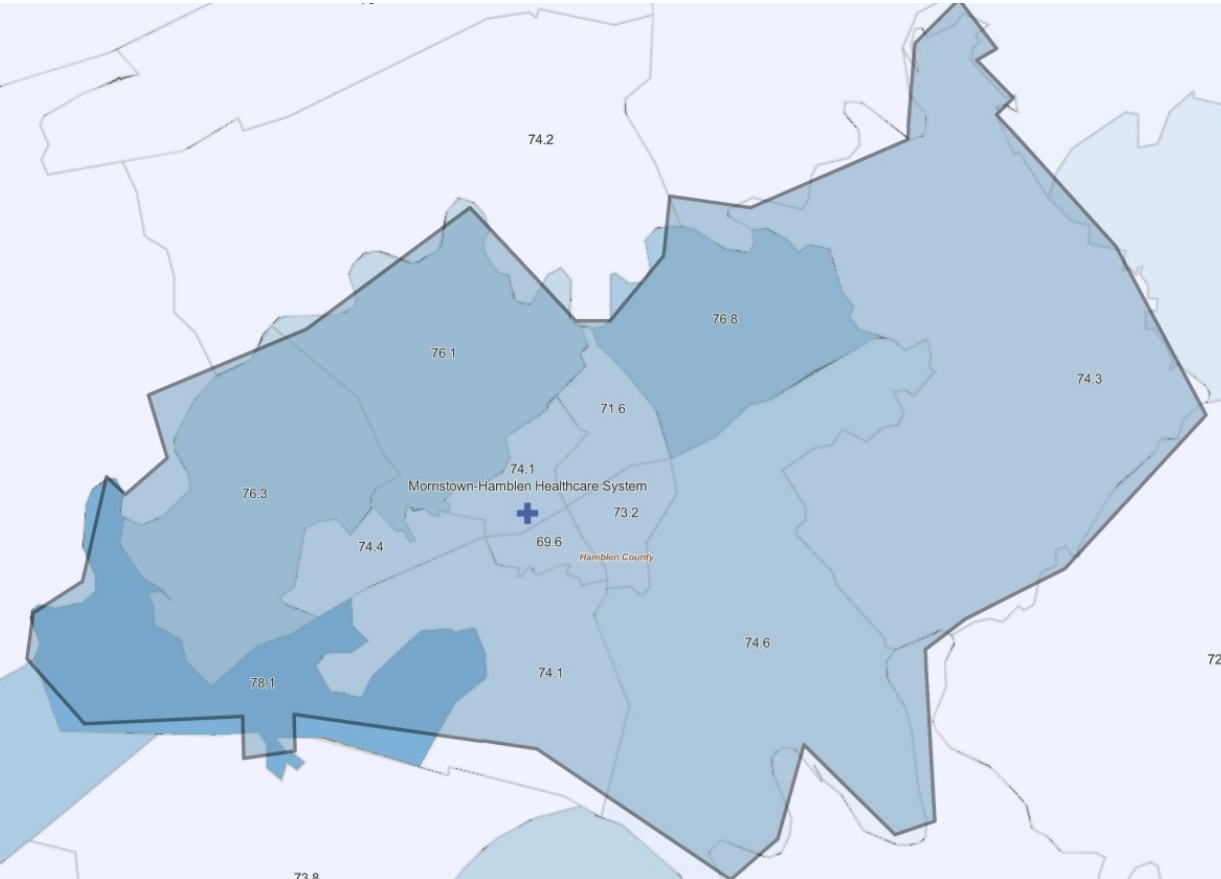
Mapping Analyses

The following maps show the significant differences in populations by census tract within the county. Much of the demographic and health status data is available by county, and it is beneficial to see differences by geographic location to enact local solutions.

LIFE EXPECTANCY AT BIRTH

The darker areas have higher life expectancy, and the lighter areas have lower life expectancy. Life expectancy is impacted by lifestyle (diet, nutrition, and physical activity), environment (such as living conditions and access to healthcare), and genetics. (Source: [University of Florida, Department of Physiology & Aging](#), March 27, 2024)

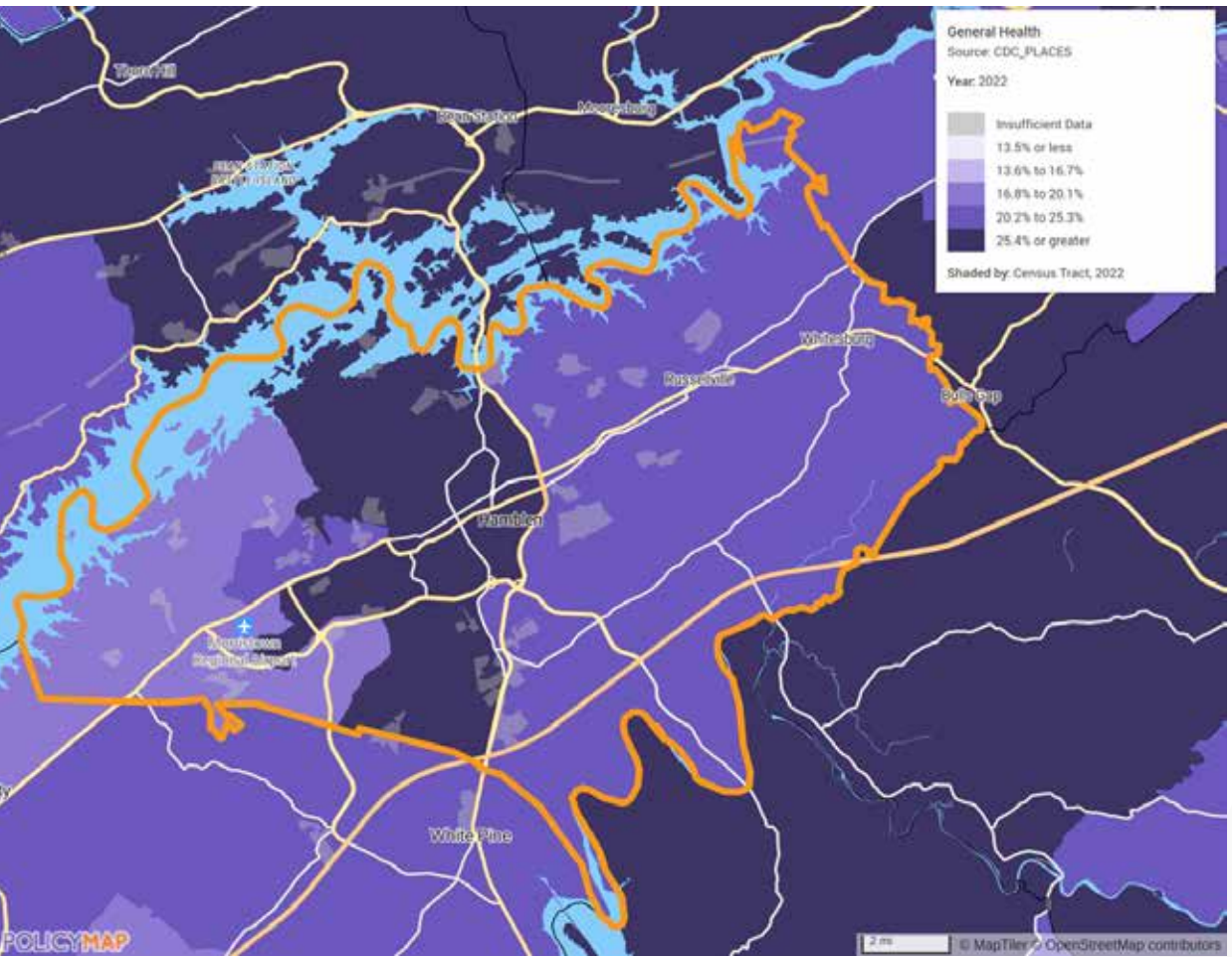
The life expectancy was higher in the southern tract at 78.1 years compared to life expectancy south of the hospital with a life expectancy of 69.6.



Source: CDC, Census Bureau, 2010-2015

PERCENTAGE IN FAIR OR POOR HEALTH (BY CENSUS TRACT)

The darker the color, the larger the percentage of adults self-reporting poor or fair health. The census tracts in the middle of the county reported 25.4% or greater in poor or fair health.



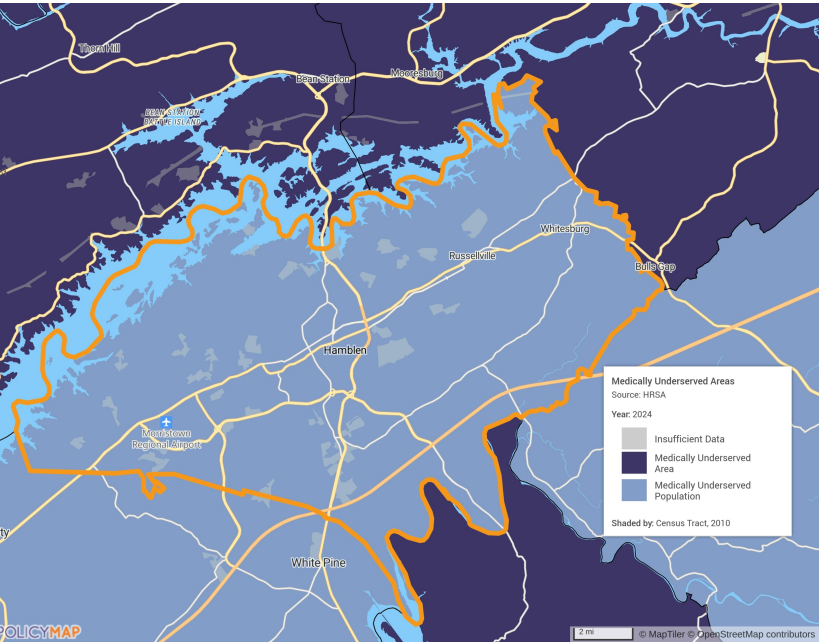
Source: PolicyMap; CDC, Places, 2022

Hamblen County residents can expect to live six fewer years than the average U.S. resident.

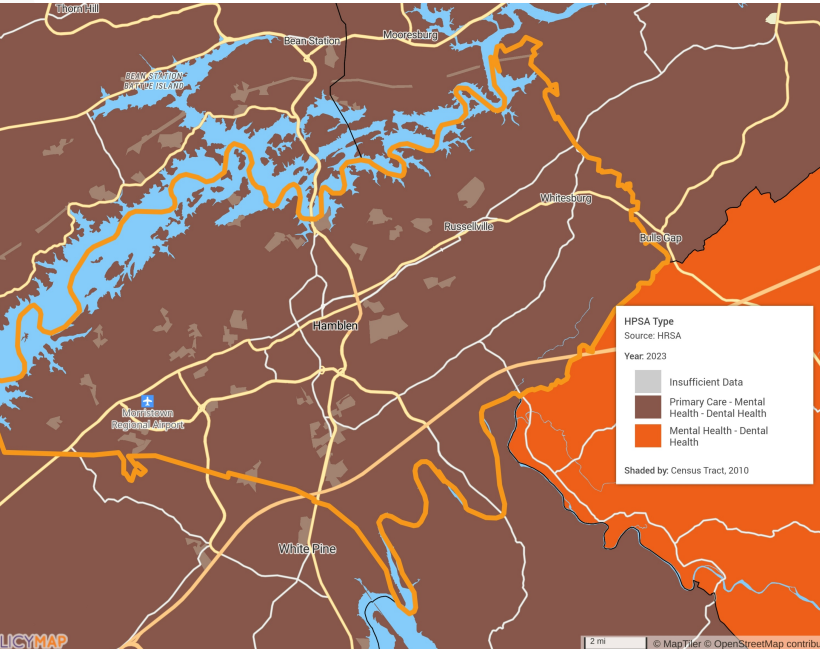


MEDICALLY UNDERSERVED AND HEALTH PROFESSIONAL SHORTAGE AREAS

Hamblen County is a medically underserved area, according to Health Resources and Services Administration of the Department of Health and Human Services.



Hamblen County is also designated as a primary care, mental health, and dental health shortage area by the same department.



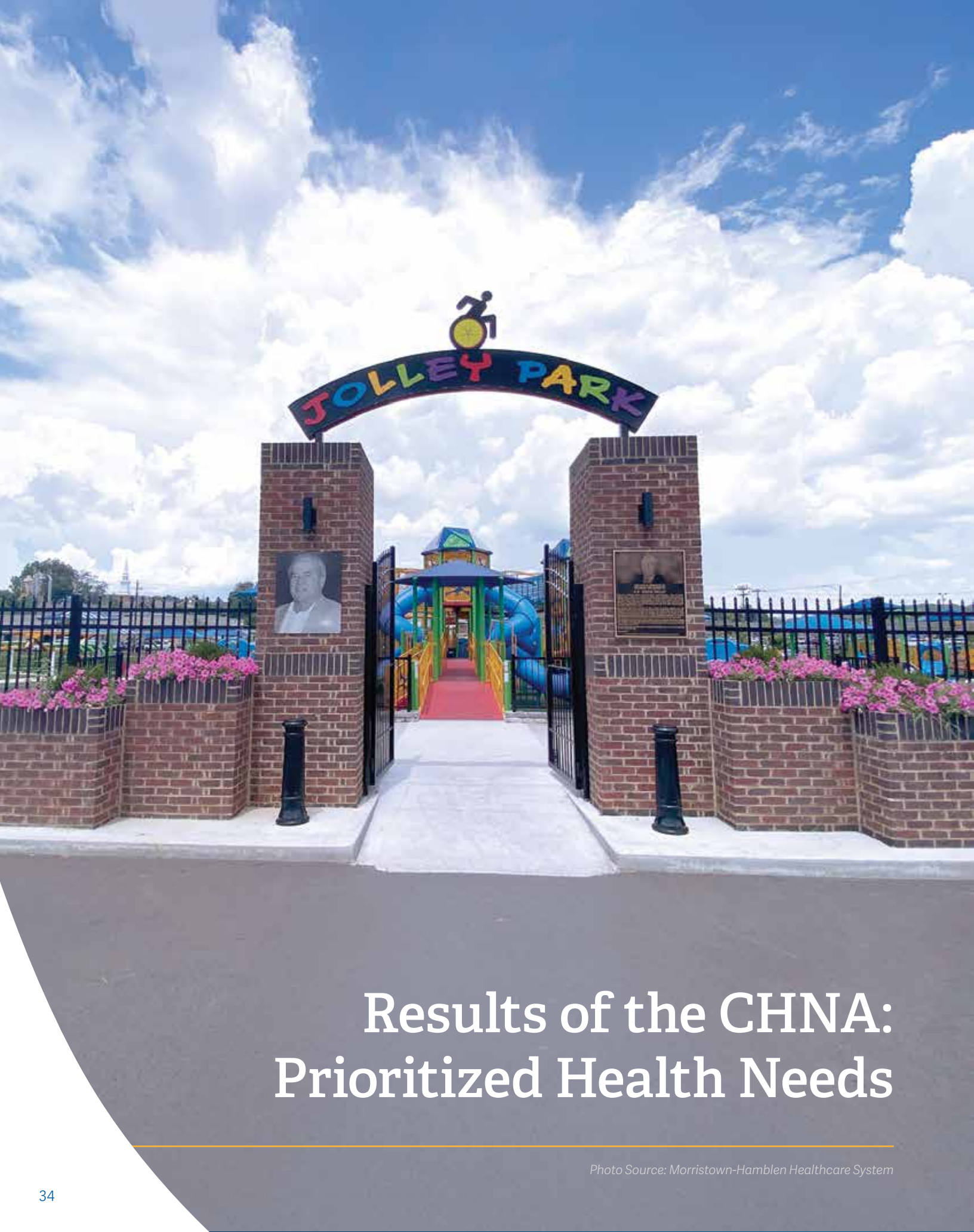
Source: PolicyMap; HRSA, 2024 & 2023

Summary of Primary and Secondary Data – Most Significant Health Needs

The chart below summarizes all of the primary and secondary data revealing the significant health needs in the community. This information was used to create a list for summit participants to use in prioritizing the most significant health needs.

2022 Health Needs	Secondary Data	Focus Groups	Surveys	State/County Health Dept
Substance use disorders	Food environment index	Access to care and insurance	Substance use disorder	Nutrition security
Mental health access	Uninsured	Access to mental health resources	Affordable health insurance	Maternal and infant health
Cancer	Driving alone to work	Substance use disorder	Care for the unhoused population	Chronic conditions
Obesity	Some college education	Social drivers of health - homelessness, food insecurity, poverty, safe and affordable housing, transportation	Youth/adult tobacco and vaping	Older adults
Tobacco use & vaping	High school completion	Healthy eating	Mental/behavioral health issues, anxiety and depression	Transportation
		Family dynamics – child neglect	Access to mental health care	Cancer screenings
			Access to safe, affordable housing	Workforce
			Access to affordable childcare	Access to dental care
			Poverty/living wage jobs	

Hamblen County had a higher median age (41) than TN (40.3) and the U.S. (39.1).



Results of the CHNA: Prioritized Health Needs

Photo Source: Morristown-Hamblen Healthcare System

PRIORITIZATION CRITERIA

At the Community Health Summit, the attendees reviewed community health information and used the criteria below to prioritize the community’s health needs.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community’s capacity to address it?

MOST SIGNIFICANT COMMUNITY HEALTH NEEDS FROM SUMMIT

Based on the secondary data, community focus groups, and community survey using the criteria above, community stakeholders selected the following significant health needs in the county. They voted using Mentimeter, selecting three priorities. The issues with the most votes are listed below with the number of votes received.

1. Substance use (7 votes)
2. (tie) Mental health, anxiety and depression (6 votes)
2. (tie) Healthy eating/active living (6 votes)
3. (tie) Access to mental health resources (4 votes)
3. (tie) Poverty/living wage (4 votes)
3. (tie) Language barriers (4 votes)

MOST SIGNIFICANT COMMUNITY HEALTH NEEDS - FINAL

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, surveys, and the summit participants prioritization exercise, the steering committee selected the topics below as the most significant health needs in Hamblen County for the next three years. Based on feasibility, the steering committee ranked poverty/living wage lower on the list of priorities.

The steering committee also combined mental health and access to mental health resources, and expanded healthy eating, active living as the method to decrease chronic diseases including obesity. The group also broadened the topic of language barriers to include a number of access-to-care issues, including access to dental providers, physicians, and insurance. Due to recent federal budgetary changes, the group also included loss of federal funding as a need that could be a barrier to access to care.

1. Mental health, anxiety and depression and access to mental health resources
2. Substance use
3. Healthy eating/active living to decrease chronic diseases
4. Access to care – e.g., dental, language barriers, providers, insurance, loss of federal funding

Impact of 2022 CHNA and Implementation Plan

Morristown-Hamblen Healthcare System engaged in numerous initiatives to help address the identified significant health needs from the CHNA conducted in 2022.

2022 MOST SIGNIFICANT HEALTH NEEDS:

1. Substance Abuse Disorders

2. Access to Mental Health Services

3. Cancer
4. Obesity

5. Tobacco Use and Vaping

6. Expanded Health Care Options

IMPLEMENTATION ACTIVITIES TO ADDRESS NEEDS:

1. Substance Abuse Disorders

- Morristown-Hamblen Healthcare System adopted Covenant Health’s “Opioid-light Protocol” to reduce the amount of narcotics prescribed in our Emergency Department. Narcotics are reserved for acute pain, and other non-narcotic methods of pain control are offered to patients with more chronic pain.

2. Access to Mental Health Services

- Morristown-Hamblen Healthcare System focused resources on local efforts and collaborated with local mental health providers as needed and as resources were available. For example, MHHS collaborated with Helen Ross McNabb Center to place an alcohol and drug counselor in the hospital’s emergency department to help identify patients and appropriate local resources for assisting patients in a timely manner.
- Our Case Management Department has been educated regarding local resources that are available to those struggling with addiction.

3. Cancer

- The hospital’s Morristown Regional Cancer Center offers comprehensive cancer care that includes medical oncology, chemotherapy, and radiation oncology, among other services. The program is the only provider of radiation therapy within a 45-minle radius of Morristown.
- Morristown-Hamblen invites community participation in the Jingle Run for Hope. Proceeds from the annual December 5K event benefit the Patient Assistance Fund at Morristown Regional Cancer Center. The event raised over \$100,000 in 2024.
- Morristown-Hamblen Healthcare System offers an annual “Think Pink” event to educate and encourage women in the community regarding the importance of annual mammograms. Approximately 400 women (staff and community) to date have received education about the importance of mammograms. Related activities included Lunch and Learns at Morristown Landing (50 community attendees), and an information table to educate hospital staff and sign them up for mammograms.
- In 2025 Morristown-Hamblen Healthcare System acquired a state-of-the-art stereotactic breast biopsy table. The table facilitates minimally invasive procedures to obtain tissue samples from breast abnormalities for examination and follow-up care. The acquisition was made possible through generous contributions to the Morristown-Hamblen Hospital Foundation. The new

system allows patients to receive high quality care locally rather than driving longer distances for diagnosis.

4. Obesity

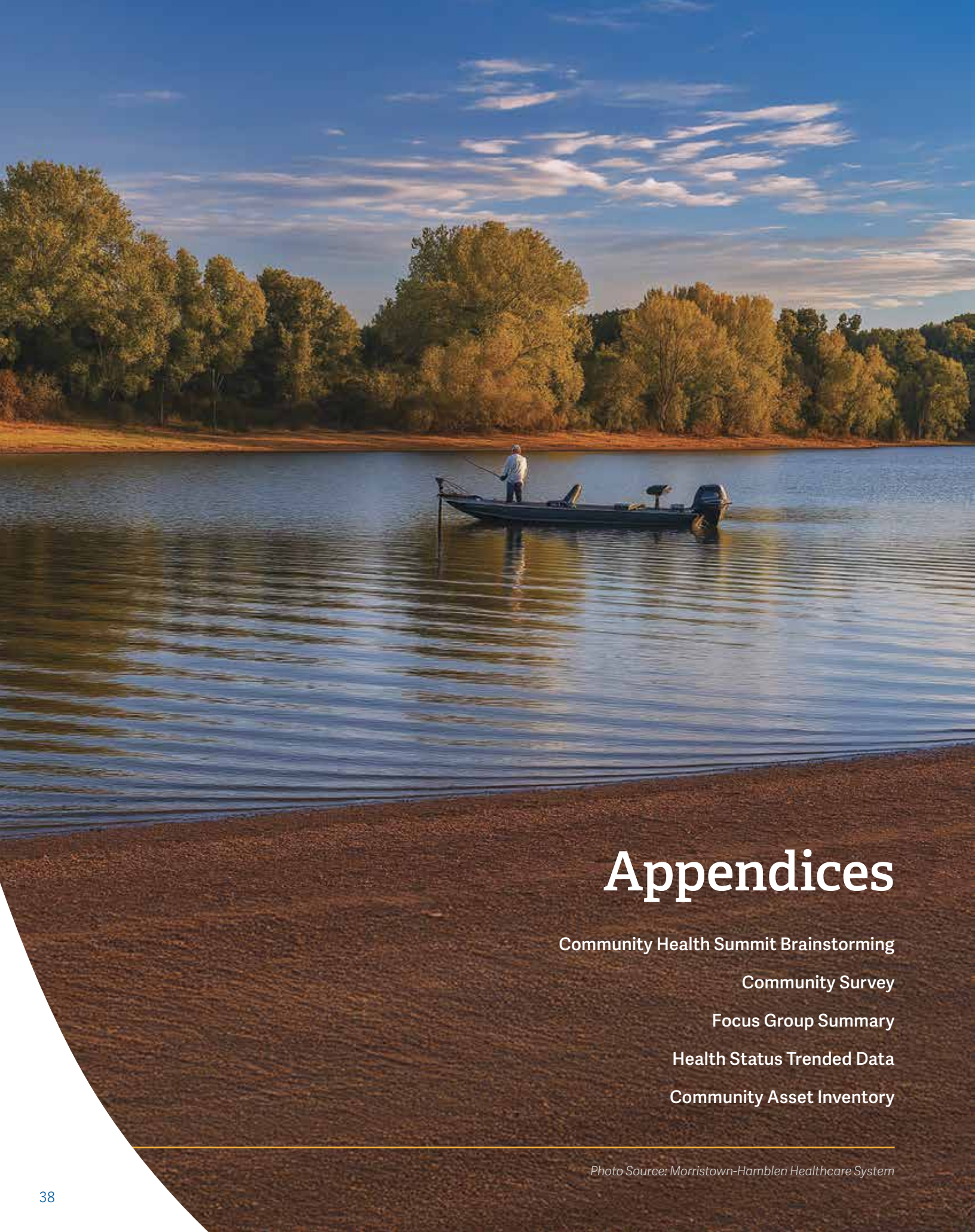
- Morristown-Hamblen continues to partner with Morristown Landing, a multi-purpose recreation and events center that provides wellness, sports, and activity programs. Morristown-Hamblen provides health education materials and programs on heart health and healthy lifestyles at the center. In 2024 the hospital hosted 30 health education Lunch and Learns and three health fairs.
- Covenant Health is the exclusive health and wellness partner for Morristown Landing, which the City of Morristown opened in 2023. The health system provides an on-staff athletic trainer to assist local participants in achieving their wellness goals. The facility is home to Covenant Health Therapy Center – Morristown, which provides physical therapy and specialty services to help patients recover from surgery or injury, and resume a more active lifestyle.

5. Tobacco Use and Vaping

- Morristown-Hamblen Healthcare System continues to offer Low-Dose CT screenings for people in the community who are at higher risk of lung cancer. This technology helps diagnose and treat cancer at earlier stages and is particularly beneficial for those who are long-term smokers and meet criteria for Low-Dose CT screening. Morristown-Hamblen provided 322 Low-Dose CT screenings in 2024 and 332 by October 2025.
- Morristown-Hamblen Healthcare System has annual health education and screening fairs across the community. Events include education in the school systems about the dangers of smoking and vaping. Morristown-Hamblen has participated in more than 15 health fairs over the past three years, at locations such as Morristown Landing, Hamblen County Government offices, Grainger County High School, Senior Citizen Center and the Future Ready Expo (reacing approximately 3,000 students).

6. Expanded Health Care Options

- To meet the growing healthcare needs of Morristown and the surrounding area, in 2023 Morristown-Hamblen Healthcare System opened Morristown-Hamblen West, a \$37 million outpatient facility that includes a free-standing emergency department, diagnostic services, a breast center, and physician offices.
- Morristown-Hamblen is certified as an Advanced Primary Stroke Center and is a member of Covenant Health’s stroke hospital network. The network links Covenant Health’s member hospitals in providing our region with access to rapid diagnosis and treatment of stroke.
- In 2023 Morristown-Hamblen Healthcare System was the first hospital in the Lakeway area to offer robotic-assisted joint replacement procedures. This advanced technology often results in less pain and faster recovery for patients.
- Morristown-Hamblen’s key areas of service include the Heart, Lung, and Vascular Center; Women’s Center, Breast Center; Morristown Regional Cancer Center; Outpatient Surgery Center; Emergency Department, and Critical Care Unit. Morristown Hamblen has received consecutive “A” grades in hospital safety from The Leapfrog Group and Zero Harm Awards for patient safety from Tennessee Hospital Association.



Appendices

- Community Health Summit Brainstorming
- Community Survey
- Focus Group Summary
- Health Status Trended Data
- Community Asset Inventory

Photo Source: Morristown-Hamblen Healthcare System

1. Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, the table groups discussed what might be done to improve each issue. Below are notes from the brainstorming. We encourage other community organizations to use this list when deciding on projects and initiatives.

SIGNIFICANT HEALTH NEED 1: SUBSTANCE USE

Goal 1: Increase prevention activities

Action 1 – Provide education to community members on the dangers of substance use

Resources/collaborators needed: Emergency services, McNabb Center, schools, healthcare providers, Chamber, senior centers, churches, paid advertisement, social media

Action 2 – Provide education for community agencies that may interact with persons facing substance use issues

Resources/collaborators needed – Emergency services, McNabb Center, schools, healthcare providers, Chamber, senior centers, churches, paid advertisement, social media

Goal 2: Increase treatment services

Action 1 – Provide treatment for inmates and those in the jail-to-work programs

Resources/collaborators needed – Drug court, jail, sheriff’s department, police department

Action 2 – Provide affordable rehabilitation, motivation to stop using substances, raise awareness, remove stigma

Resources/collaborators needed – Funders, social media, community events, leverage online counseling platforms

Additional Comments: Potential partner: opioid abatement board, which has money to spend on stopping substance misuse

Encourage people to not start taking drugs

Loneliness, depression, and anxiety are related to mental health, which can then be related to substance use.

SIGNIFICANT HEALTH NEED 2: MENTAL/BEHAVIORAL HEALTH

Goal 1: Increase access to mental health services, resources, and education

- Action 1 – Create partnerships and connections among agencies/public institutions to conduct training and events for professionals and communities
- Action 2 – Provide community education program on mental health and connect to resources

Goal 2: Increase awareness, prevention, and early intervention

- Action 1 – Tap into the general public to bring their gifts, talents, and resources to address substance use.
- Action 2 – Support existing resources and their efforts

Additional Comments – All of these go together - early childhood traumas, inability to regulate the nervous system, mental health is the root cause. There are spaces called "healing places." These can be a local bar with a back room, library, church, anywhere where people can be seen, heard, and understood.

SIGNIFICANT HEALTH NEED 3: HEALTHY EATING/ACTIVE LIVING

Goal 1: Increase the percentage of the population who are proactively "eating healthy"

- Action 1 – Educate the community on healthy eating resources
Resources/collaborators needed – SNAP, senior vouchers, meals on wheels, various options for produce, farmers, schools, health department, UT extension, parents
- Action 2 – Partner with local farmers to create community and school gardens
Resources/collaborators needed – SNAP, senior vouchers, meals on wheels, various options for produce, farmers, schools, health department, UT extension, parents, businesses, transportation

Goal 2: Increase population who are active

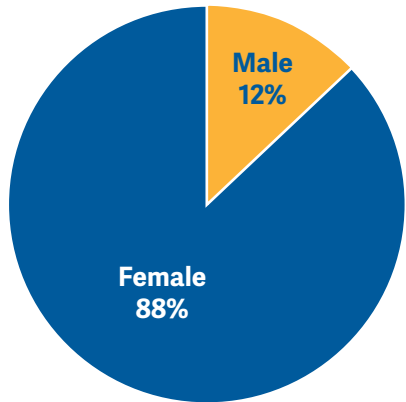
- Action 1 – Educate the community about existing resources to support an active lifestyle
Resources/collaborators needed – Parks, schools, city and county leadership, events like fun runs
- Action 2 – Educate the community on ways to be active at home and on their own
Resources/collaborators needed – Educators, parks department, online resources

2. Community Survey

Morristown-Hamblen Healthcare System and StrategyHealth conducted an online community survey in Hamblen County. StrategyHealth combined and analyzed the results. From February 15 through May 9, 2025, 151 online surveys were completed. Below are the demographics of the survey. The results are on pp. 19-21.

Demographics

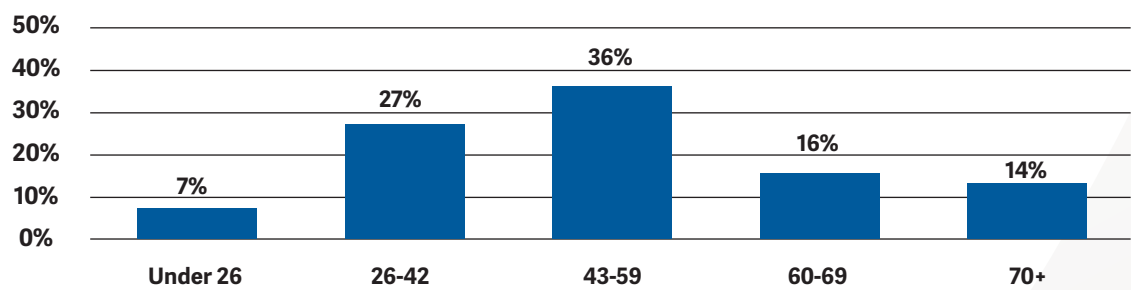
Gender



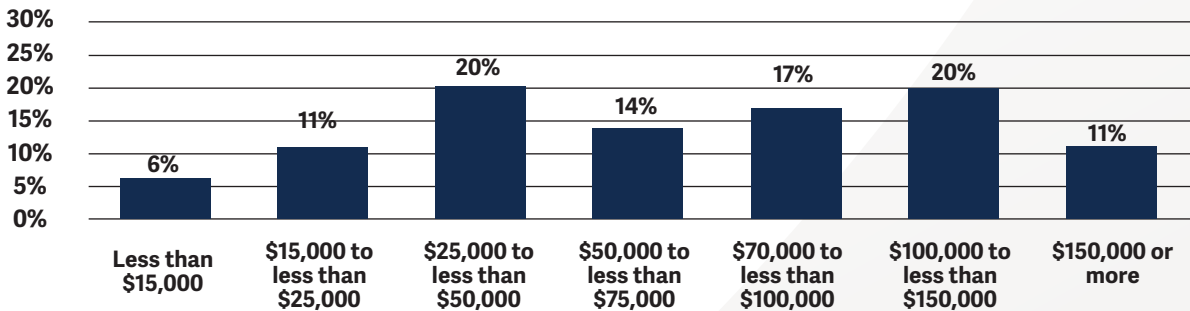
Ethnicity & Race

Hispanic	%
Yes	4%
No	96%
Race	%
White	92%
Black	3%
More than one race	2%
Other	1%

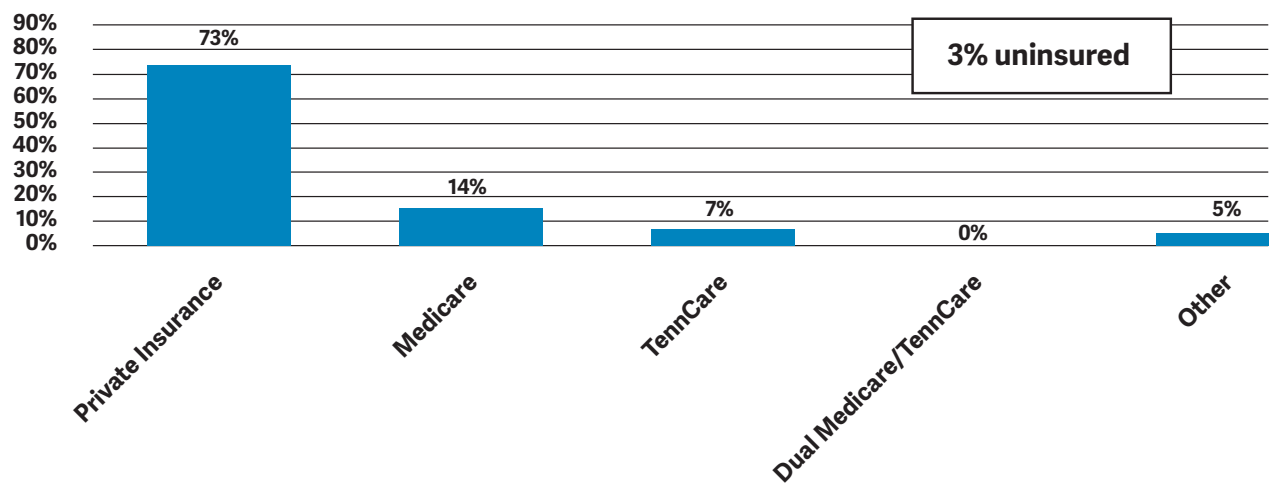
Age



Household Income



Health Insurance



3. Focus Group Results

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations participated in focus groups on March 31, 2025, for their input into the community’s health. Below is a summary of the focus groups’ feedback.

1. HOW DO YOU DEFINE HEALTH?

- Being able to get up in the morning, move around, be with loved ones without pain
- Social determinants of health more so than clinical conditions
- Mental and physical health and well-being
- Morristown Landing met their 5-year membership goal in one year, so there’s a desire to be active.
- Depends on resources

2. FOR THE PURPOSES OF THIS CHNA, THE COMMUNITY IS HAMBLÉN COUNTY. GENERALLY, HOW WOULD YOU DESCRIBE THE COMMUNITY’S HEALTH?

- Fair
- Needs improvement
- Plethora of resources – we’re a hub for surrounding counties. Our daytime population swells to over 100,000 people
- Different for different populations

3. WHAT ARE THE BIGGEST HEALTH NEEDS, CONCERNS OR ISSUES FOR THE COMMUNITY TODAY?

- **Access to care/affordable ins**
 - Threats of cuts to Medicaid
 - Lack of access to dental care
 - 52,000 ED visits per year indicate primary care access is an issue
 - Socioeconomics for providers are an issue – mental health, pediatrics. It is difficult to recruit specialties
 - Cost of healthcare for the middle class and those with high-deductible health plans which are so prevalent now. They don’t want to seek care due to out-of-pocket costs
- **Mental health**
 - Mental health
 - Children’s mental health
 - Mental health and substance abuse are often co-occurring conditions that go hand in hand
- **Substance use disorder**
 - Tobacco use
 - Drug use
 - Need a detox center to meet both of these challenges. We have to send them out to other locations based on insurance.
- **Socioeconomics/social drivers of health**
 - Homelessness
 - Food insecurity – all ages
 - Poverty
 - Financial disparities – some can’t afford basic needs
- **Obesity**
- **Child neglect**
- **Diverse populations have different health needs**
- **Rural areas are struggling**

4. WHAT ARE THE MOST IMPORTANT HEALTH ISSUES FACING VARIOUS POPULATIONS?

- **Low-income populations, medically underserved:**
 - Socioeconomics/social drivers of health
 - Poverty
 - Lack of ability to afford medications
 - Homelessness
 - Pregnancy care, WIC
 - Transportation/ ability to get to where you need to go
 - Mental health/substance use disorder
 - Mental health and drug abuse go hand-in-hand, easily accessible coping mechanism
 - Stigma of mental health
 - Lack of mental health providers
 - Covenant Health closed the behavioral health unit at Morristown-Hamblen six months ago
 - A huge resource is gone; there is nowhere to send people. Greeneville also closed their unit.
 - No access to mental health
 - Lack of health insurance
 - 180 non-profits in the community, who are they? How do they help?
 - Resources are so burdened
- **Minority populations:**
 - Hispanic population – lack of access to care. They primarily go to Cherokee FQHC.
 - Undocumented population – fear to seek care
 - English as a second language population – fear and language barriers
 - Micronesian population – language barriers, tribal culture
 - There is a stigma with help-seeking, particularly in the Hispanic populations
 - There’s a stigma with what gets resources and support, such as medical-assisted treatment
 - Lack of translation resources and the consequences of communication breakdowns can be extremely detrimental, if not deadly

- **Children/youth:**
 - Mental wellness
 - Mental health, even elementary, 10-year-olds contemplating suicide
 - Too much screen time creates social isolation like seniors experience
 - Stress
 - Bullying – physically and online
 - Substance use
 - Vaping
 - Substance abuse particularly in males, then progresses and becomes a legal issue
 - Overdoses in the school system
 - Nutrition
 - Nutrition and activity resulting in obesity
 - Not able to afford healthy foods. Parents are trying to fill bellies, not feed healthy food.
 - Some people are not educated about real food. Sometimes it’s lack of time, going to fast-food restaurants instead of cooking at home
 - Family dynamics
 - Different family structures, kids being raised by grandparents, breakdown of family structures
 - Neglect – parent’s poor mental health, drugs, alcohol, self-absorption
 - Access to care and insurance
 - Getting an autism assessment is such an ordeal, long delays, lots of demand, and lots of children on the spectrum in the county
 - Get them insurance so they can get care
 - Peer pressure
 - Have to educate not only the kids but the parents, whole-person care with adolescents
- **Seniors:**
 - Social isolation
 - Access to safe, affordable housing
 - Transportation
 - Poverty – choices to pay electric bill, food, or medicine
 - Meals on Wheels is inadequate to serve all seniors, long wait list, so nutrition and how to get food to seniors
 - Heart disease
 - Stroke

- Non-English-speaking seniors don't access healthcare until it is too late
- Lung cancer survival rates are low because of discovery at later stages
- Tobacco use among seniors is still high
- Grandparents caring for grandchildren with parents absent. 40-50% of kids in Hamblen County are raised by grandparents.

5. WHAT PROGRESS HAS BEEN MADE ON THE 2022 PRIORITIES?

- **Substance use disorder**
- **Mental health access**
- **Tobacco use and vaping**
- **Cancer**
- **Obesity**
 - Lack of access to mental health is worse
 - Tobacco use has shifted from smoking to vaping
 - TN Together Survey – youth vaping questions. Only 34 vapes are FDA-approved
 - Seniors are still smoking – they need food, but how do they afford cigarettes
 - More people are working out and using parks
 - Low-income households can't afford to join a gym
 - Lack of sidewalks and there are some places I wouldn't feel safe
 - Have to force kids to be active
 - Seems as bad or worse

6. WHAT ENVIRONMENTAL FACTORS HAVE THE BIGGEST IMPACT ON COMMUNITY HEALTH?

- **Housing**
 - Affordable, quality housing
 - Housing – finding stable housing is so difficult. Finding housing rapidly for domestic abuse victims can't happen.
- **Air quality**
 - Chicken plant air quality in town, large employer
 - Pollen
- **Transportation**
 - Lack of public transportation. There is LAMPTO in partnership with ETHRA and they're trying, but it only goes so far and is offered only so long during the day. We have many 24-hour operations here that need employees to have rides to work. Need to expand to the industrial park.
 - The lack of transportation also leads to delays in hospital discharges

7. WHAT DO YOU THINK THE BARRIERS WILL BE TO IMPROVE HEALTH IN THE COMMUNITIES?

- Desire, willing to come forward to get the health support they need. People have to want to change, put in the work. They may be discouraged from past failures.
- Building apartments, but slow and prices are high, \$1,200 for a one-bedroom.
- Need more housing authority-qualified housing
- Easier to make excuses than do something
- Transportation – the TDOT website reads, "all counties in TN have public transportation." Reality isn't true. Lakeway Transit runs on a schedule. ETHRA transportation is by appointment with a 1-hour lead time for each trip and no one knows when they're going to be picked up. Using electric vehicles and losing charge after 2 hours takes a lot of time to charge them.
- No public pool—have two splash pads where homeless people hang out, don't feel safe
- Not enough financial resources for the not-for-profit organizations
- Not enough promotion of services available, word-of-mouth isn't in the right places
- Crime rate can be challenging
- Differing cultures
- Cultural stigmas – it's ok to ask for help and figure out where to go
- Lack of an engaged population supporting health
- Mental health issues inhibit your will to impact health

8. WHAT COMMUNITY ASSETS SUPPORT HEALTH AND WELL-BEING?

- Hola Lakeway – provide translation services
- The Health Department II - offers nicotine replacement therapy
- Excellent park system, greenways
- State park
- Hospital is state-of-the-art
- Rural medical services out of Cocke Co. do a lot of work in the Hispanic community and take people to appointments
- Churches, community outreach
- Girls, Inc.
- Boys and Girls Club
- The Landing II
- Robust Physical Therapy has a pool
- Health County Interagency Coalition (HiC) 25 agencies meet every month and make a calendar, but do people know about it?

- [Hamblenresourceguide.org](https://hamblenresourceguide.org), an online resource guide
- Health Connect
- McNabb Center – collaborative, partnership oriented
- Good at finding grant funding
- People born and raised in the county invest in the community
- We're a hub between Knoxville and Tri-Cities, so have a lot of resources
- Sherriff's Department – drug takeback programs
- School Resource Officers are extra support for kids
- The crisis intervention team trains first responders on de-escalation techniques and communications and they acknowledge that what has worked in the past hasn't worked and are willing to try something new
- Drug court – great judge
- Mental health recovery court
- The new county mayor is trying and listening
- Population is growing and with growth comes more resources
- Socioeconomic challenges, but low unemployed population
- Good community infrastructure like roads

9. IF YOU HAD A MAGIC WAND, WHAT IMPROVEMENT ACTIVITIES SHOULD BE A PRIORITY FOR THE COUNTIES TO IMPROVE HEALTH?

- Add mental health services
- More specialists at the hospital – nephrology, surgeons – want to go to the doctor and stay in Hamblen County
- Youth 18 and under detox center, currently the closest one is Erlanger in Chattanooga
- Education is huge
- Bring dads back home, family responsibilities
- Bring together all non-profits, know who they are and what they do
- Publicize the resources and resource guide and the HiC calendar
- Build affordable, quality housing
- Reduce stigma of addiction in town. People don't want to acknowledge it's part of their families. It's hard with the problem not acknowledged. Need to acknowledge Hamblen County has a substance use disorder problem.
- Remove protectionism and install collaboration in all agencies
- Huge teaching kitchen for cooking classes and nutrition classes
- Kids don't know what vegetables are – squash, cucumbers
- Cheap food versus healthy food

- Bigger hospital with more capacity, always overloaded
- You can lead a horse to water but can't make them drink. There's a population that won't get onboard with community health.
- Break down the stigma of asking for help is OK
- Education piece is huge, but we have to water down content so much, we want to be real. We want to talk about suicidal ideation, but parents don't want this introduced. They think talking about things will bring it about. There's also the attitude of "this doesn't happen here."
- Tennessee should expand Medicaid
- Insurance should pay 200% of the Medicare fee schedule for preventive care. It is the only way to roll out this prevention model.
- Add a detox center here
- Add long-term mental health facility – homeless mental health patients are the ones who got turned out of long-term mental health hospitals. This would help hospitals and jails as well as the patients. We've learned a lot about caring for mental health patients since the '90s.
- Would like to see higher median income and higher-wage jobs.



4. Health Status Trended Data

Rankings and Comparisons of Health Status

In most of the following graphs, Hamblen County will be blue, Tennessee will be orange, U.S. will be red, and the 90th percentile of counties in the U.S. will be gold.

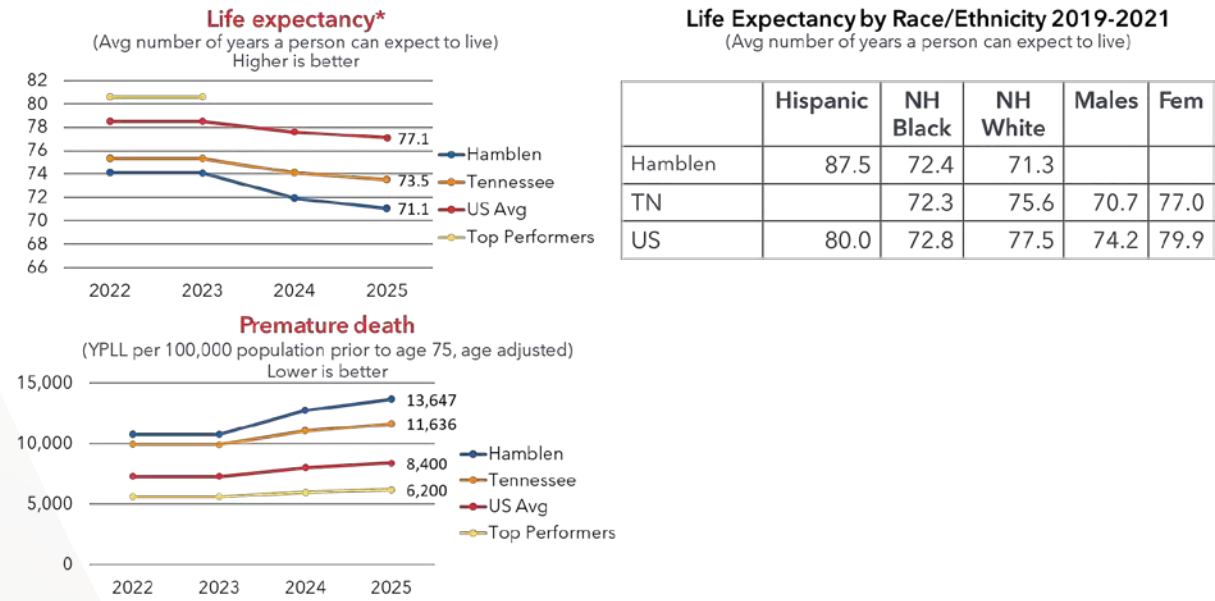
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures.

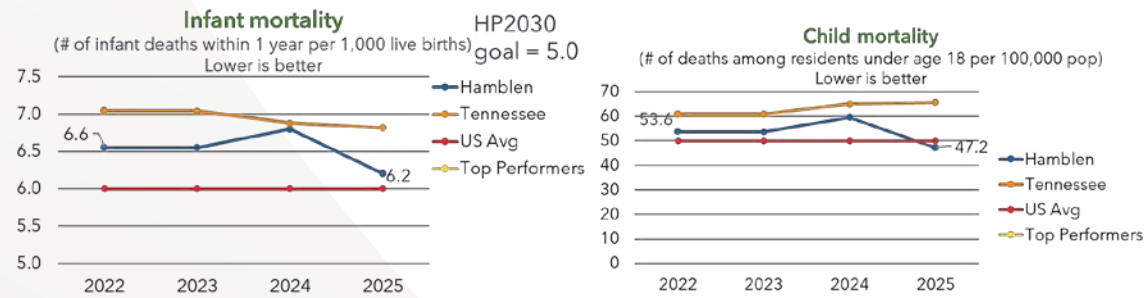
Length of Life

Length of life was measured by years of potential life lost (YPLL) per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Hamblen County lost 13,647 years of potential life per 100,000 population, which was higher than TN and the U.S.

Hamblen County residents can expect to live 6 fewer years than the average U.S. resident.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2020-2022



Source: CHR; National Center for Health Statistics – Natality & Mortality File 2016-2022
Child Mortality: CHR; National Center for Health Statistics – Mortality files; Census 2019-2022

Leading Causes of Death: Crude Rate per 100,000 Population

Cause of Death 2021-2022	Hamblen	TN	US
Heart Disease	357.0	259.0	207.0
Cancer	258.0	209.0	183.0
Accidents (Unintentional injuries)	103.0	98.8	67.3
Cerebrovascular Diseases	49.5	54	49.1
Chronic Lower Respiratory Disease	133.0	60.4	43.8
COVID-19	63.2	48	35.4
Alzheimer's Disease	63.9	39.8	35.0
Diabetes	41.1	37.2	29.4
Nephritis	28.9	17.5	16.9
Liver Disease	28.2	18.9	16.0
Influenza & Pneumonia	25.9	13.5	13.8
Septicemia	23.6	15.1	12.6

Rates in red represent death rates higher than TN. The leading causes of death in Hamblen County were heart disease, cancer, chronic lower respiratory disease, and accidents, followed by Alzheimer's disease.

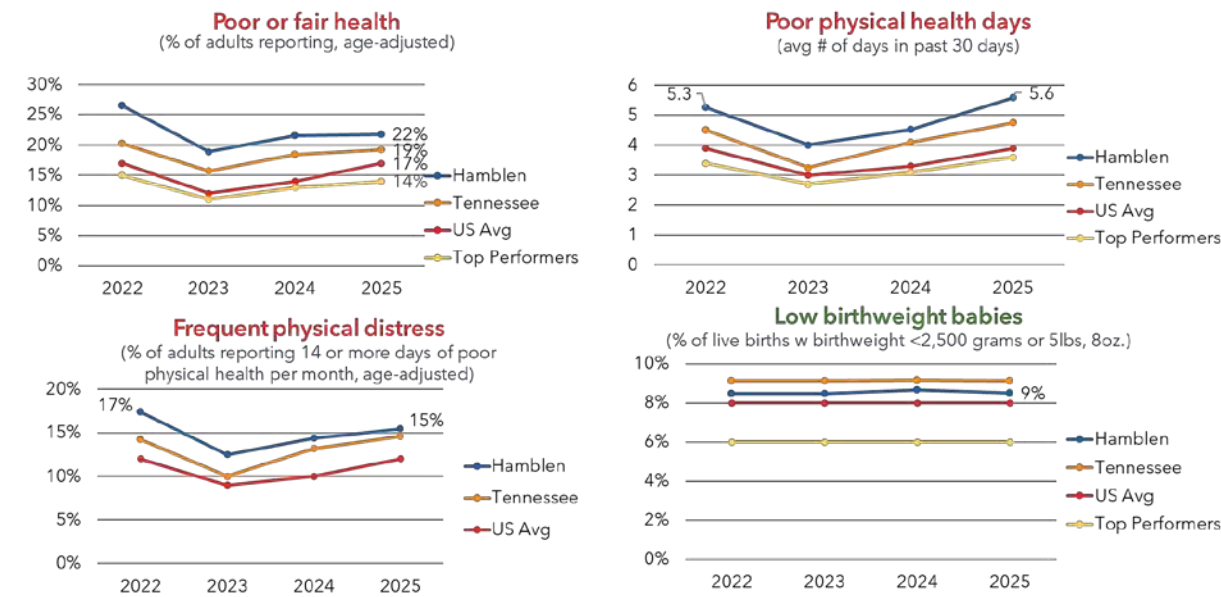
Source: Wonder CDC.gov (2021-2022) Age-adjusted rates per 100,000 population.



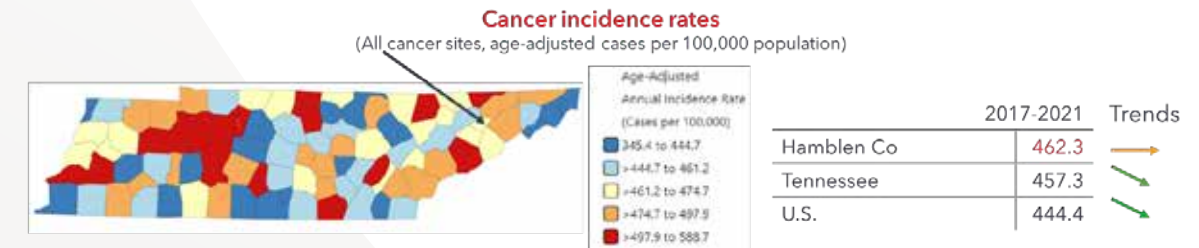
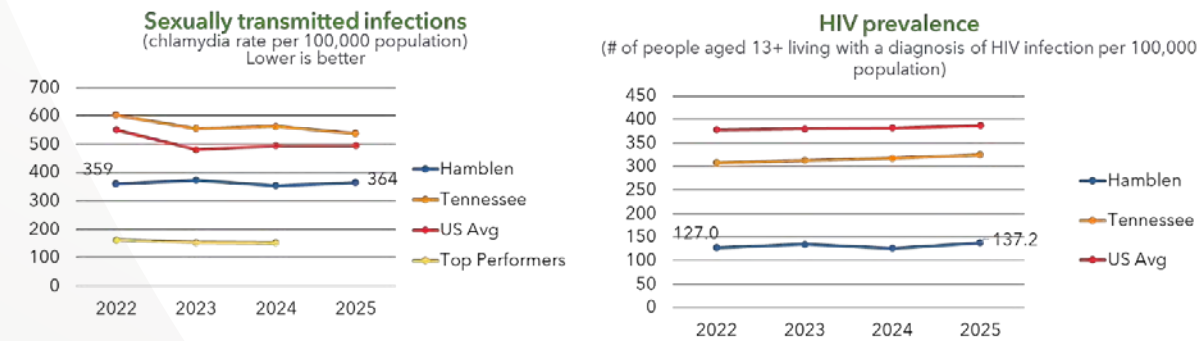
Quality of Life

Physical Health

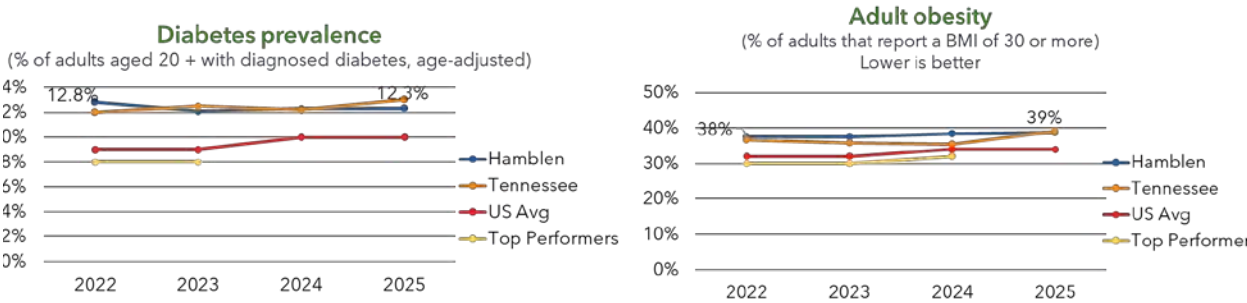
Quality of life was measured by % reporting fair or poor health, the average number of poor physical health days, frequent physical distress, and low birthweight babies.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Natality files (2017-2022)



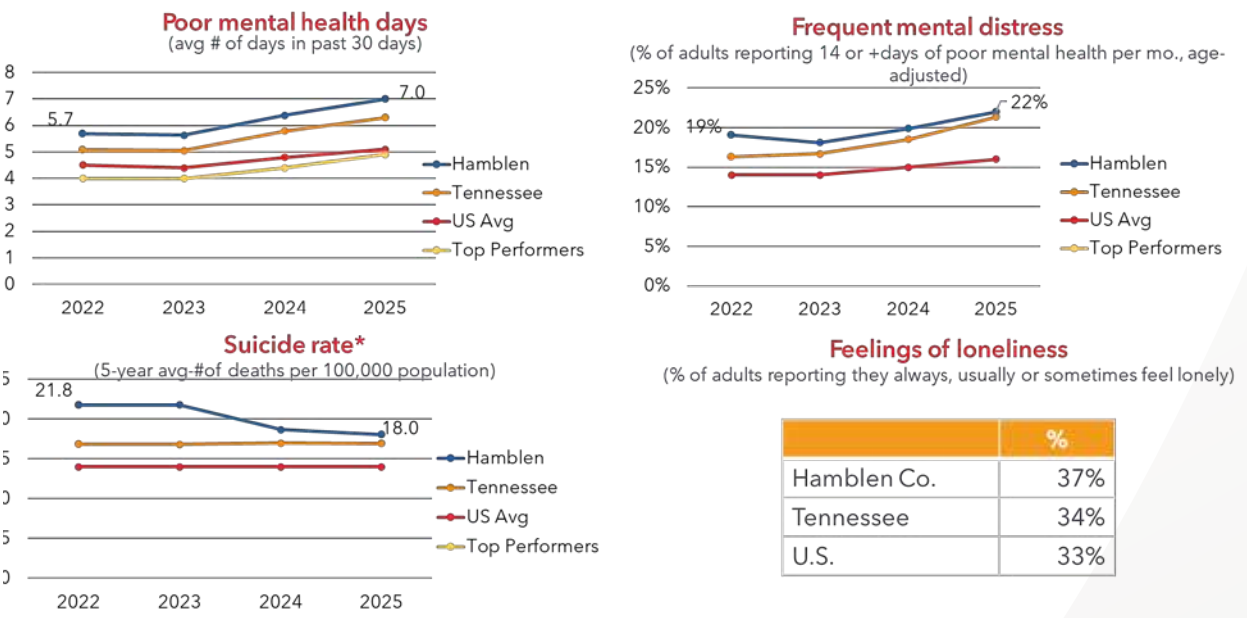
Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
HIV Prevalence - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
Cancer incidence rates – NIH, CDC State Cancer Profiles, 2017-2021



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022

Mental Health

Quality of life was measured by poor mental health days, frequent mental distress, suicide rate, and feelings of loneliness.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Mortality files (2018-2022)

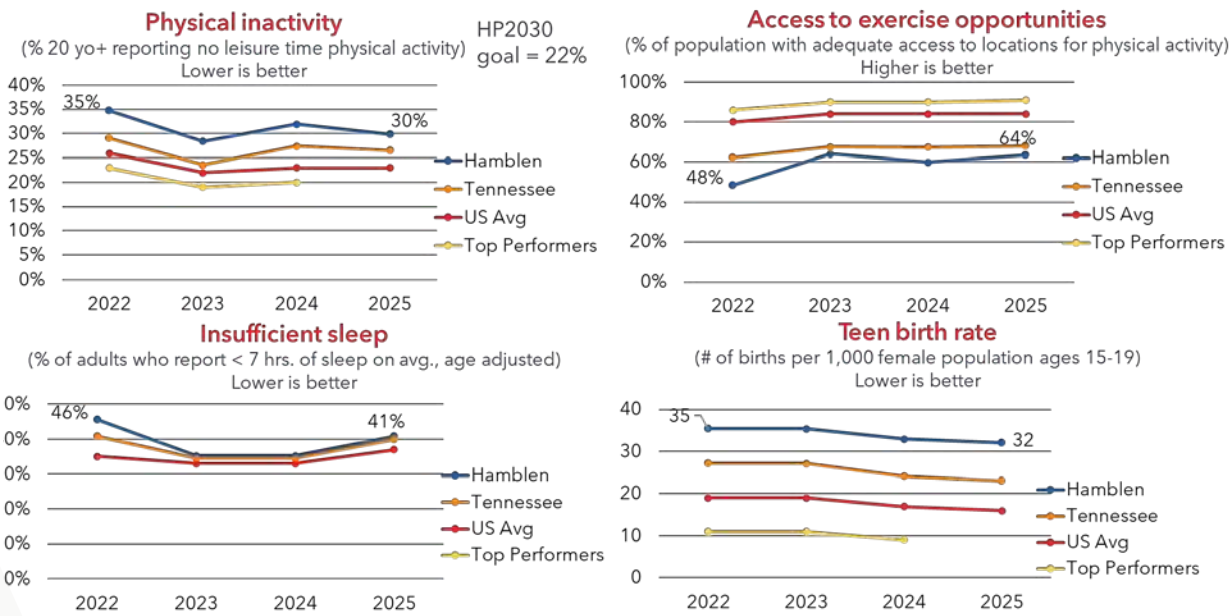
COMMUNITY CONDITIONS

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (CHR, 2025)

Health Infrastructure

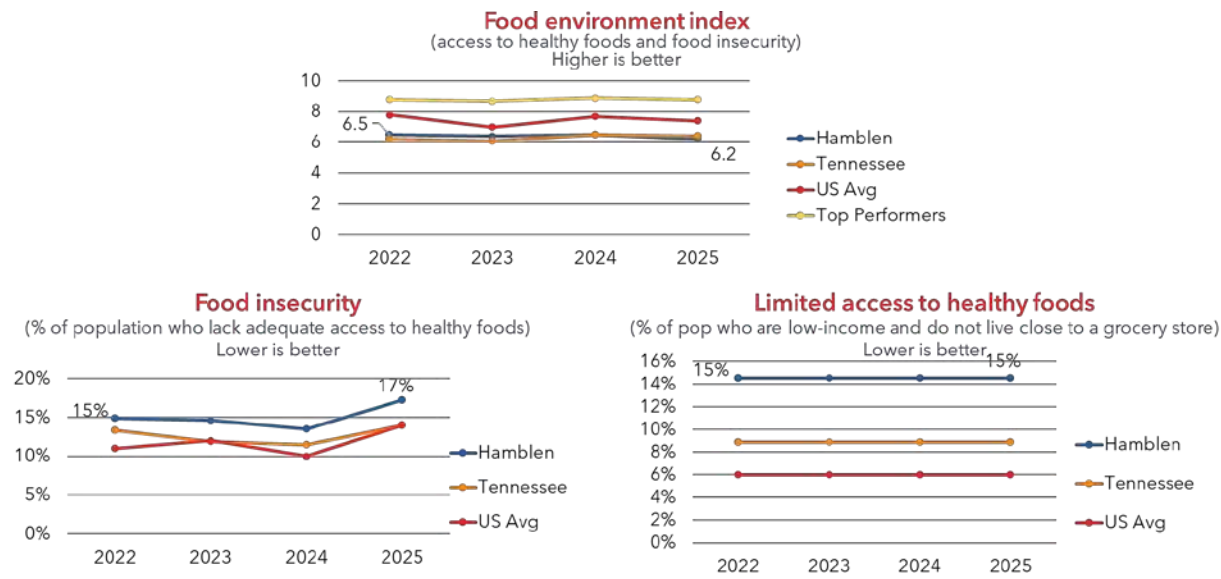
Health infrastructure includes prevention, healthy eating and active living, substance misuse, and clinical care.

Healthy Living



Source: Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2022
Source: Access to exercise opportunities – CHR, ArcGIS Business Analyst, YMCA, & US Census Tigerline Files, 2024, 2021 and 2020. Measures the percentage of individuals in a county who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios, and pools, based on SIC codes)
Source: Insufficient sleep – CHR, Behavioral Risk Factor Surveillance System (BRFSS), 2022
Source: Teen birth rate – CHR, National Center for Health Statistics-Natality Files; Census Population, 2017-2023

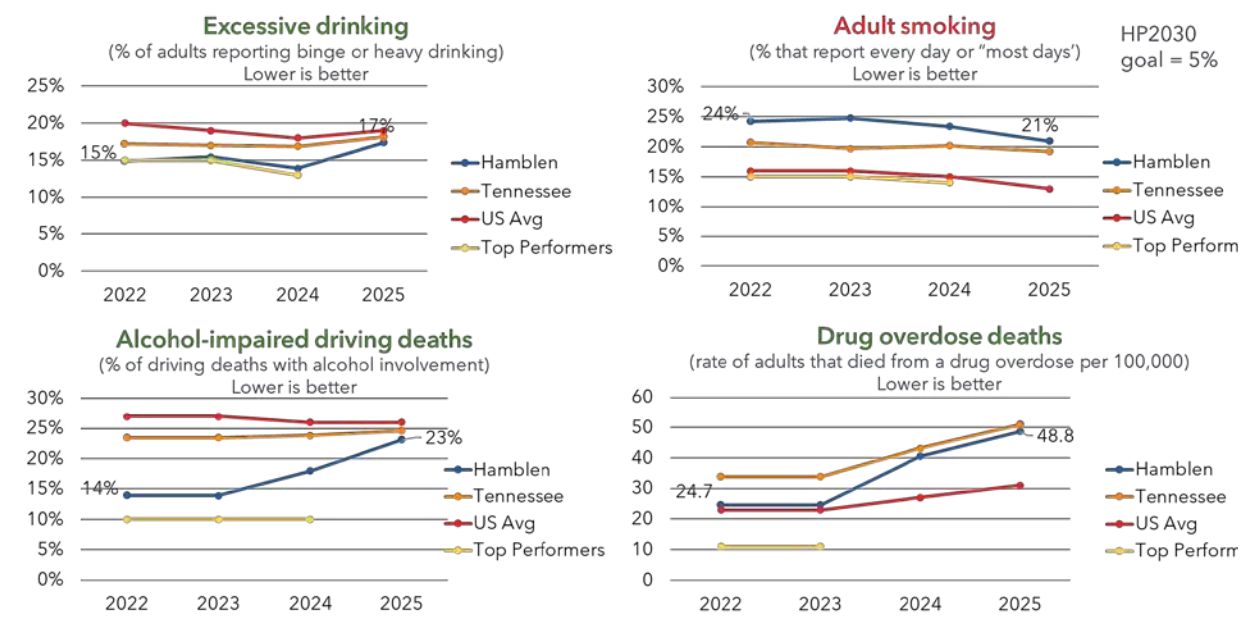
Access to Healthy Foods



The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022 | Source: Food insecurity – Map the Meal Gap, 2022
Source: Limited access to healthy foods – USDA Food Environment Atlas, 2019

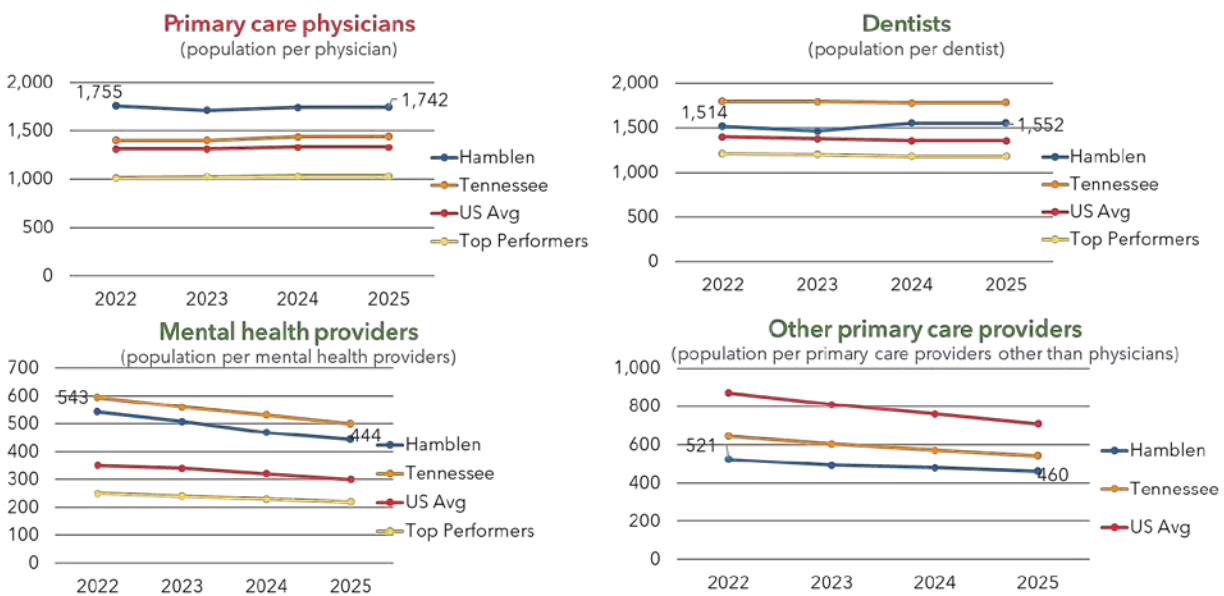
Substance Misuse



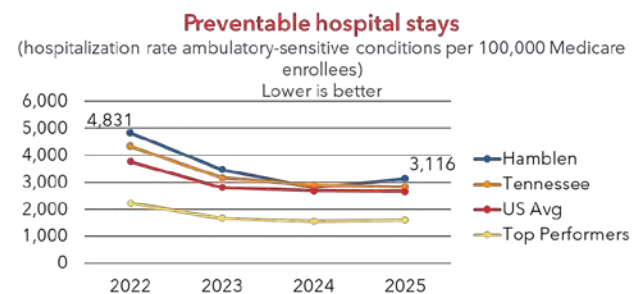
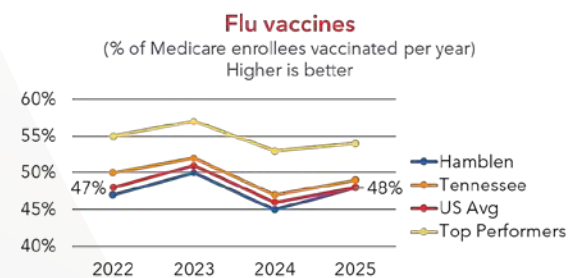
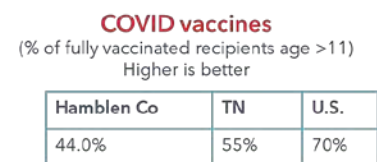
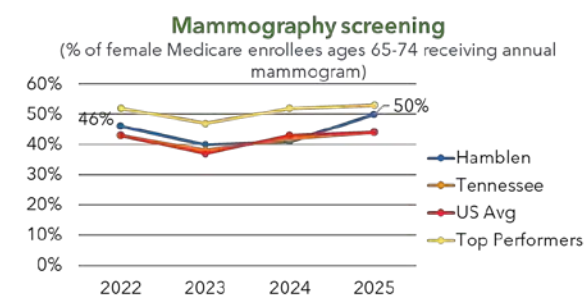
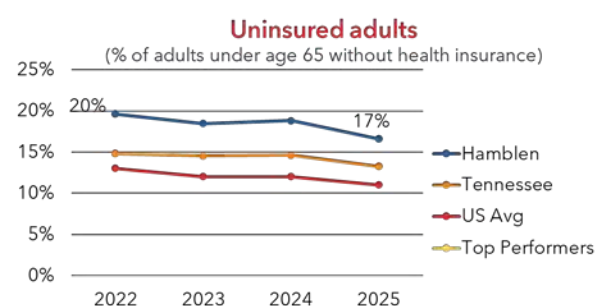
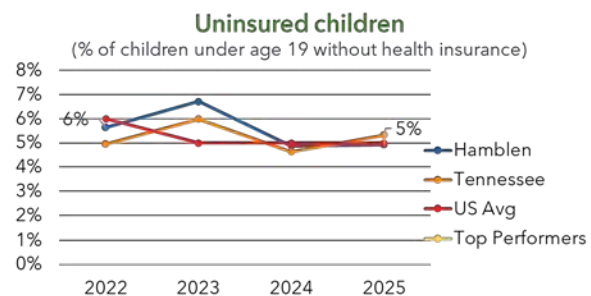
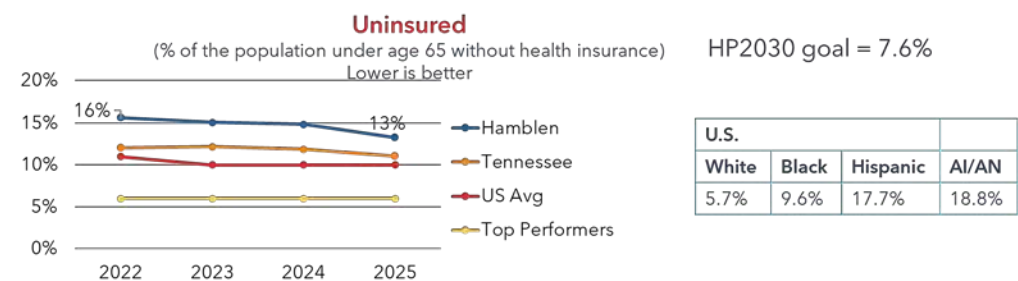
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022
Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022
Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2018-2022
Source: Drug overdose deaths – National Center for Health Statistics – Mortality Files, Census Population, 2020 - 2022

Clinical Care

Clinical care is made up of access-to-care measures of population per primary care physicians, dentists, mental health providers, and other primary care providers, along with uninsured and prevention measures.



Source: Population to PCP - CHR; Area Health Resource File/American Medical Association, 2021
Source: Population to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2022
Source: Population to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CMS, National Provider Identifier File, 2022
Source: Population to other primary care providers - CHR; CMS, National Provider Identification, 2024
Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

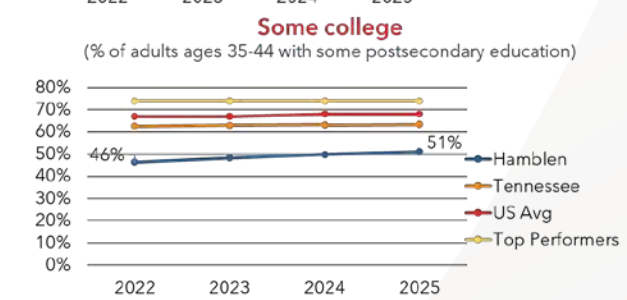
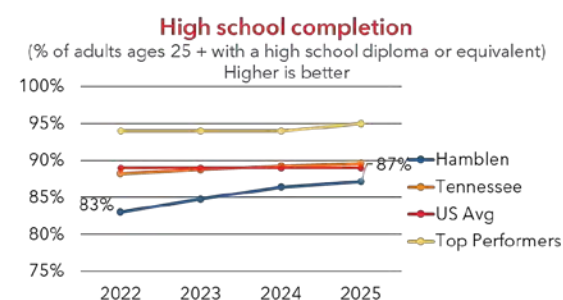
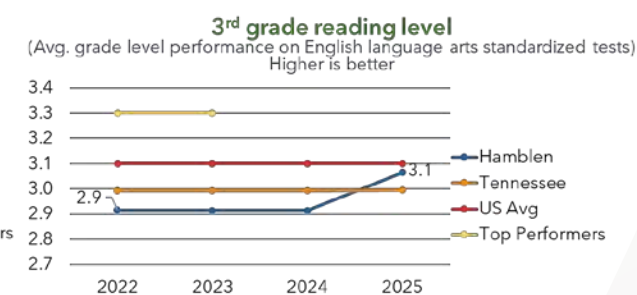
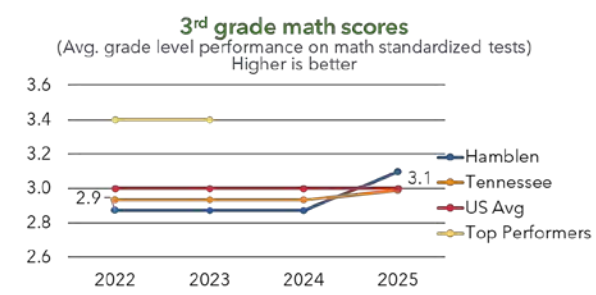
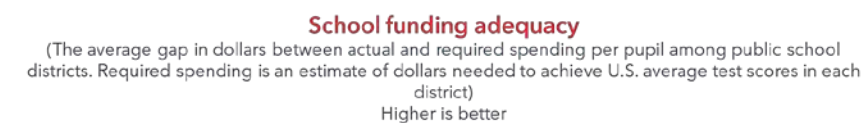
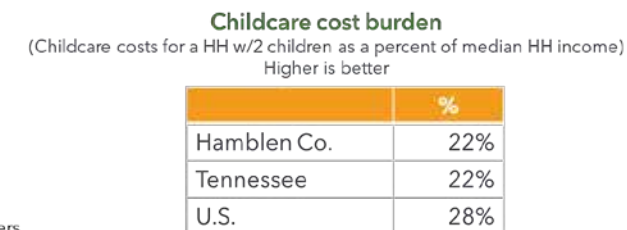
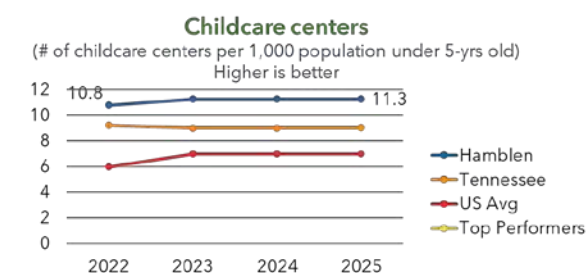


Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2022
Source: Preventable hospital stays, mammography screening, flu vaccinations - CHR, CMS Mapping Medicare Disparities Tool, 2022
Source: COVID-19 Vaccinations - CDC May 2023

Social and Economic Factors

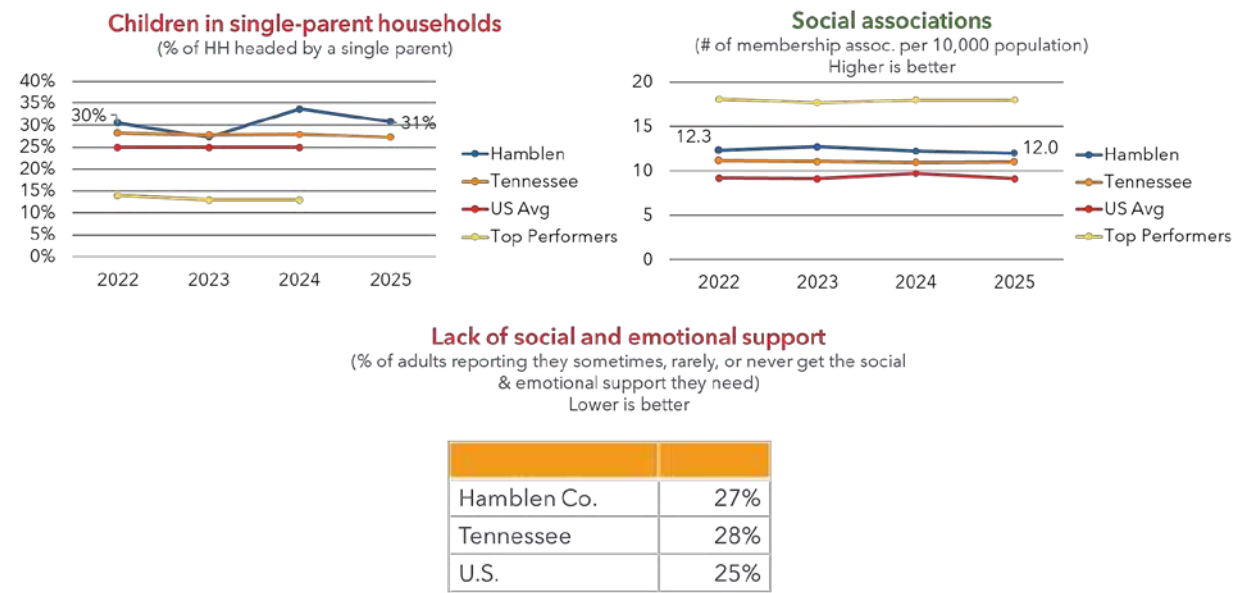
Social and economic factors include education, income, employment and wealth, social support, and safety.

Childcare and Education

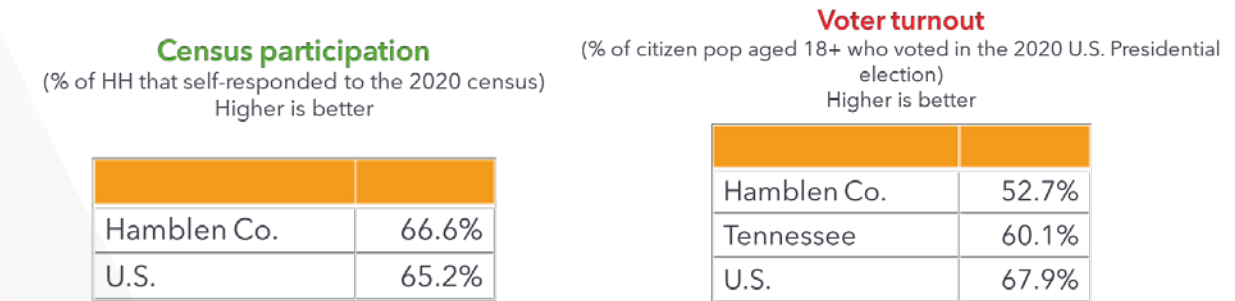


Source: School funding adequacy - CHR; School Finance Indicators Database, 2022
Source: Childcare Cost Burden - The Living Wage Institute; Small Area Income and Poverty Estimate, 2024
Source: Childcare centers - CHR; Homeland Infrastructure Foundation-Level Data, 2010-2022
Source: Reading and Math scores - CHR Stanford Education Data Archive, 2019
Source: High school completion - CHR, American Community Survey, 5-yr estimates, 2019-2023
Source: Some college - CHR; American Community Survey, 5-year estimates, 2019-2022

Family and Social Engagement

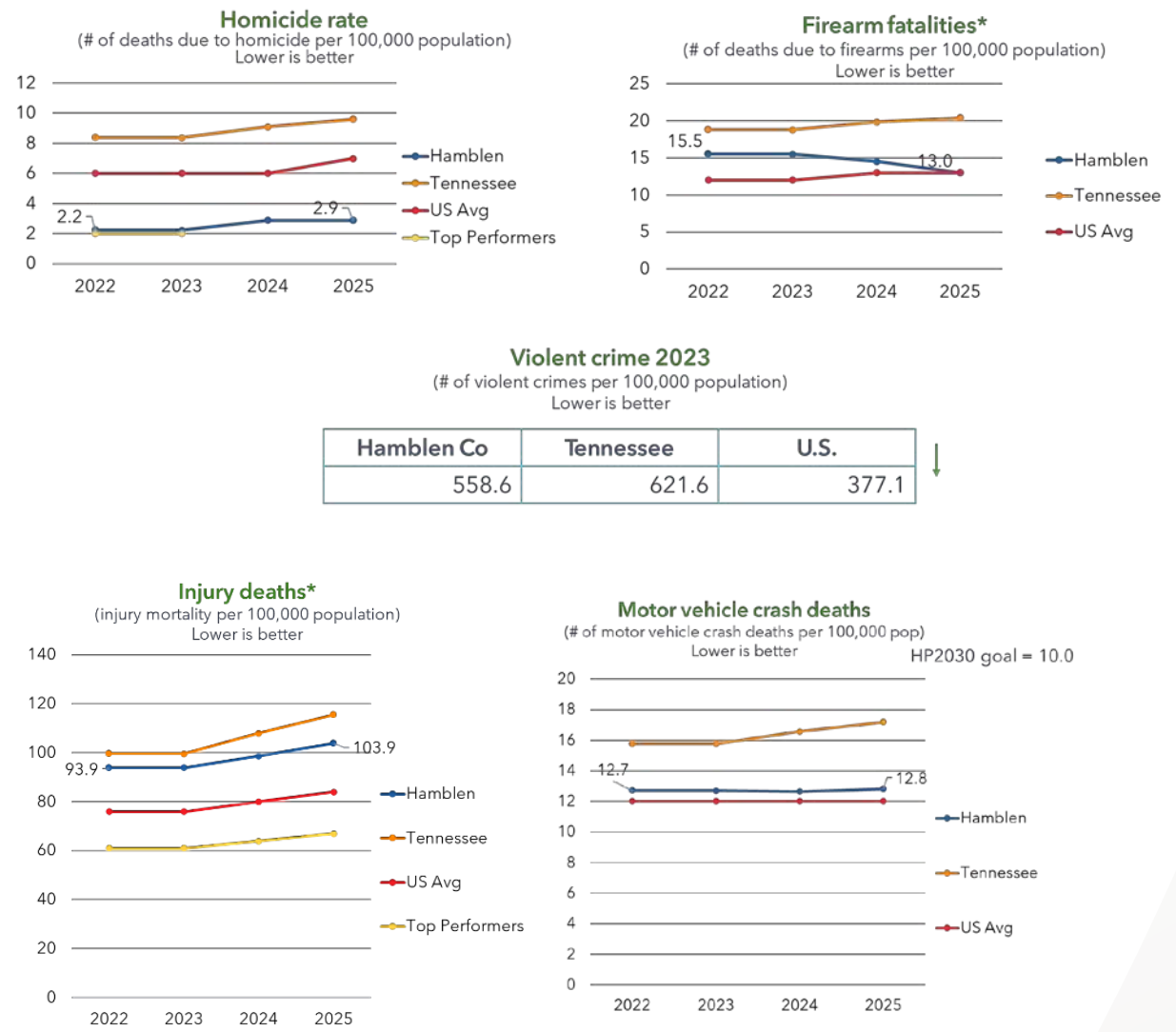


Source: Children in single-parent households - CHR; American Community Survey, 5-yr. est., 2016-2020
Sources: Social associations – CHR-County Business Patterns, 2022
Sources: Lack of social & emotional support – CHR, Behavioral Risk Factor Surveillance System, 2022



Source: Census participation - CHR; Census Operational Quality Metrics, 2020
Source: Voter turnout – CHR, MIT Election Data & Science Lab; American Community Survey, 5-yr. est., 2020 & 2016-2020

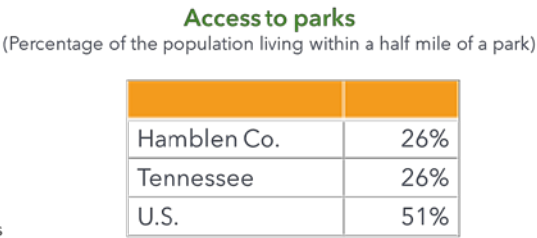
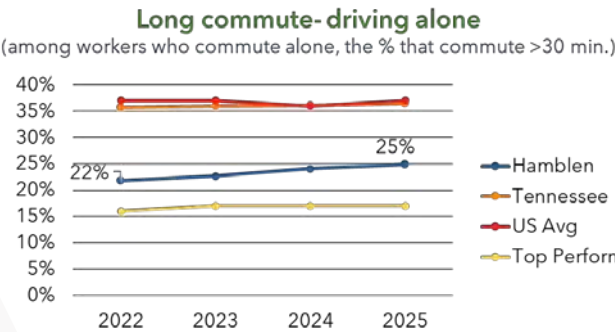
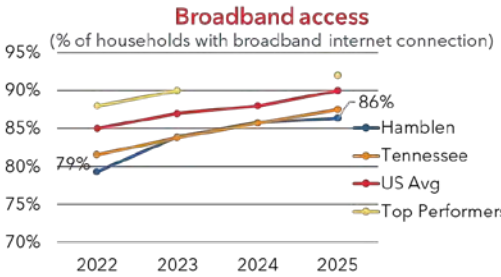
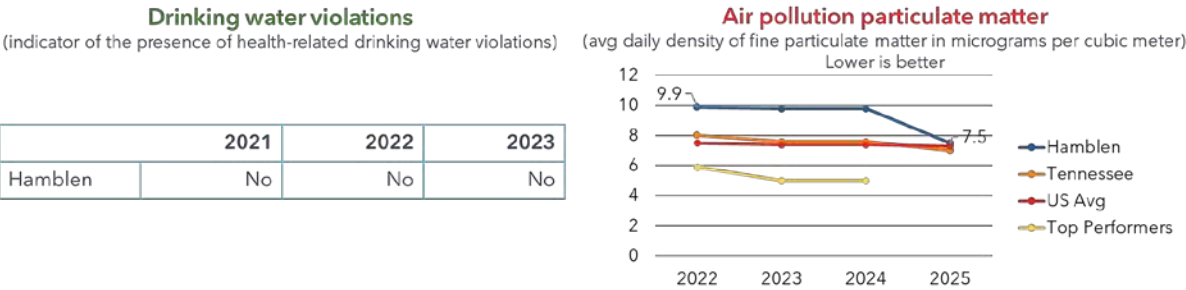
Community Safety



Source: Homicide rate & Firarm fatalities-CHR; National Center for Health Statistics – Mortality files; Census population, 2016-2022
Source: Violent crime- FBI Crime data explorer, 2022
Source: Injury deaths - CHR; National Center for Health Statistics – Mortality files; Census population, 2018-2022
Source: Motor vehicle crash deaths – CHR, National Center for Health Statistics – Mortality Files, Census population, 2016-2022

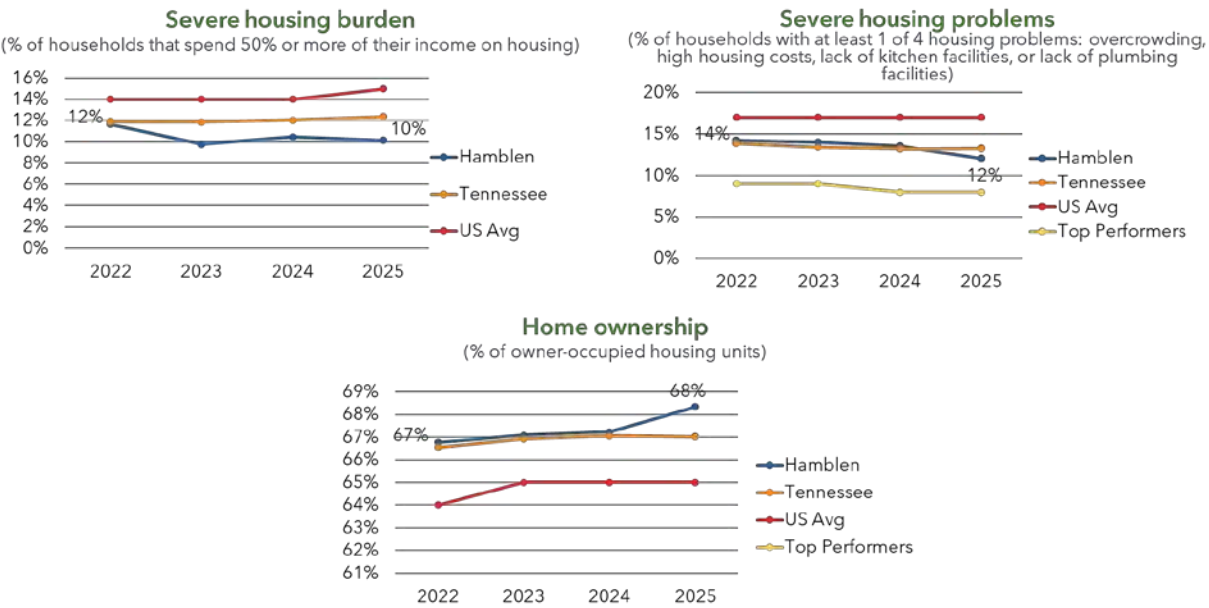
Physical Environment

Physical environment encompasses housing and transportation, air, water, land, civic, and community resources.



Source: Drinking water violations – CHR; EPA, Safe Drinking Water Information System, 2023
Source: Air pollution – CHR; CDC National Environmental Public Health Tracking Network, 2020
Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2019-2023
Source: Driving alone to work and long commute – CHR- American Community Survey, 5-year estimates, 2019-2023
Source: Access to Parks – ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020.

Housing



Source: Severe housing cost burden & home ownership– CHR; American Community Survey, five-year estimates, 2019-2023
Source: Severe housing problems – CHR; HUD Comprehensive Housing Affordability Strategy data, 2017-2021.

5. Community Asset Inventory

The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There are instructions for making changes after the inventory. The focus group also identified community resources to improve health, which are listed on pp. 47-48 of the Community Health Needs Assessment.

Partnership Ready by 6 and Central Services, Inc.	https://hamblenresourceguide.org/	423-586-9431
Substance Use Disorder		
Organization/Service	Website	Phone
ALPS Adult Day Services	https://www.alpsaduldayservices.org/	423-587-9149
Hamblen County Substance Abuse Coalition	https://hcsacinc.org/	423-748-7494
Kingdom Recovery Center	https://kingdomrecoverycenter.org/	888-859-8767
ReVIDA Recovery	https://www.revidarecovery.com/locations/morristown	423-556-8818
Mental/Behavioral Health		
Organization/Service	Website	Phone
Attitude Exchange Center	https://attitudeexchangecompany.weebly.com/	423-231-5956
Cherokee Health Systems	https://www.cherokeehealth.com/	866-231-4477
McNabb Center	https://mcnabbcenter.org/locations/hamblen/	423-581-4761
Health Connect America	https://www.healthconnectamerica.com/	423-839-2550
Overcoming Together with Dr. Sayra	https://overcomingtogetherwithdrsayra.com/	865-300-6974
PHILA Health Systems	https://www.philahealthsystems.org/	423-616-0213
TN Voices	https://tnvoices.org/	615-269-7751
Tennessee Mental Health Crisis Services	https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services.html	855-274-7471
Suicide and Crisis Lifeline		988

Healthy eating/Active Living		
Organization/Service	Website	Phone
The Avenue Dream Center	https://www.theavenuemorristown.com/avenuedreamcenter	423-231-4719
City of Morristown Parks and Recreation	https://www.mymorristown.com/departments/parks_and_recreation/index.php	423-586-0260
Covenant Health	https://www.covenanthealth.com/patients-visitors/community-resources/food/	865-374-0411
Healthy Habits Morristown-Hamblen Library	http://www.morristownhamblenlibrary.org/childrens-programs/	865-803-9878
UT Extension Hamblen County	https://hamblen.tennessee.edu/	423-586-6111
The Daily Bread	-	423-581-7733
Manley Baptist Church Food Pantry	-	423-586-8665
Breath of Life Ministries Food Pantry	-	423-289-1163
Morristown-Hamblen Central Services Food Pantry	-	423-586-9431
Hamblen County Health Department WIC program	https://www.hamblencountyttn.gov/hamblen-county-health-department/	423-586-6431
Cherokee Park	https://www.hamblencountyttn.gov/cherokee-park/	423-586-5232
Fred Miller Park	https://www.visitmorristowntn.com/attractions/fred-miller-park/	423-581-0100
Frank Lorino Park	https://www.mymorristown.com/departments/parks_and_recreation/parks_facilities.php	423-586-0260
Dr. Martin Luther King Jr. Park	same as above	same as above
Fulton-Hill Park	same as above	same as above
Jolley Park	same as above	same as above
Hillcrest Park	same as above	same as above
King Park	same as above	same as above
Long-Reel Track	same as above	same as above
Morristown Dog Park - Jaycee Field	same as above	same as above
Popkin Field	same as above	same as above
Sherwood Park	same as above	same as above
Wayne Hansard Park	same as above	same as above
Wildwood Park	same as above	same as above
Panther Creek State Park	https://tnstateparks.com/parks/panther-creek	423-587-7046

Poverty /Living wage		
Organization/Service	Website	Phone
Douglas-Cherokee Economic Authority	*****.douglascherokee.com/	423-587-3076
East Tennessee Human Resources Agency (ETHRA)	*****.ethra.org/	423-587-6511
First Love on Main	*****firstloveonmain.org/	423-289-1179
Girls Inc. of Hamblen County	*****.girlsinchamblencounty.org/	423-581-4330
Hamblen County Schools Career & Technical Education	*****.hcboe.net/departments	423-581-3084
Morristown-Hamblen Central Services	*****mhcentralservices.org/	423-586-9434
Persevere	*****.perseverenow.org/	877-260-7299
	*****.strongacc.org/strong-families-netn/	423-302-3382
STRONG Families		
Stepping Out, Inc.	*****steppingoutinc.org/	423-318-0999
TNAchieves	*****.tnachieves.org/	833-435-7862
Boys & Girls Club of Morristown	*****bgcmorristown.org/	423-586-2331
	*****.tn.gov/workforce/jobs-and-education/job-search1/find-local-american-job-center.html	423-317-7060
American Job Center		
Tennessee Reconnect	*****tnreconnect.gov/	
HC Excell	*****.hcexcell.org/	423-581-5334
Language barriers		
Organization/Service	Website	Phone
HOLA Lakeway	*****.holalakeway.org/	423-621-9065

Change Form

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #: Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization’s purpose, services, etc.

Submit updated information to:

Morristown-Hamblen Healthcare System Marketing Department
908 West Fourth North St.
Morristown, TN 37814

423-492-6050

or email to marketingcommunications@covhlth.com

Hamblen County

COMMUNITY HEALTH NEEDS ASSESSMENT

Completed in partnership with:

